

<b>Case Number:</b>	CM14-0008926		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	09/10/2009
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 55-year-old male who has submitted a claim for Lumbar Degenerative Disc Disease, Thoracic/Lumbosacral Neuritis/Radiculitis, and Lumbago, associated with an industrial injury date of September 10, 2009. Medical records from 2013 were reviewed, which showed that the patient complained of chronic severe low back pain radiating down his legs. He also complained of numbness, tingling, and burning sensation on the right side of his body. He also reported frequent headaches. Pain was reported to be 10/10 without medications and 9/10 with medications. On physical examination, there was tenderness of the lumbar paraspinals. Straight leg raise test was positive bilaterally. Toe- and heel-walk were noted to be abnormal. Gait was extremely stiff and antalgic. Generalized weakness was reported on strength testing. No sensory deficits were noted. Deep tendon reflexes and pulses were normal on all extremities. Treatment to date has included physical therapy, chiropractic care, home exercise program, bilateral L5-S1 facet joint injections, and medications including hydrocodone-acetaminophen 7.5-325 mg tabs one PO BID prn pain (since March 2013). Utilization review from December 30, 2013 denied the request for urine toxicology because there was no indication that the patient had risk factors for abuse and testing should be completed only 1-2 times yearly for patients at low-risk for abuse; and lumbar discogram because the patient did not have surgical indications and a positive discogram would not have altered the patient's treatment. The same utilization review modified the request for hydrocodone-acetaminophen 5-325 mg tabs, one PO q6-8 hours prn pain #90, 1 refill to allow continued use for weaning purposes only.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**URINE TOXICOLOGY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids, On-going Management Page(s): 43 & 78.

**Decision rationale:** According to page 43 & 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines, urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. In addition, drug screening is recommended for patients undergoing opioid management with issues of abuse, addiction, or poor pain control. In this case, there was no discussion regarding issues of abuse, addiction, poor pain control, or possible use of illegal drugs. And, it was noted that the patient even requested a reduction in hydrocodone/acetaminophen dosage. Additionally, the 11/14/13 UDS was negative for hydrocodone, which suggested that the patient is not taking hydrocodone/acetaminophen frequently if at all. Therefore, there is no clear indication for urine toxicology at this time. Therefore, the request for URINE TOXICOLOGY is not medically necessary.

**HYDROCODONE/ACETAMINOPHEN 5-325MG #90 WITH ONE (1) REFILL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78-81.

**Decision rationale:** According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, hydrocodone/acetaminophen was being prescribed since March 2013 (16 months to date) but given the 2009 date of injury, the exact duration of opiate use is not clear. Records reported that the patient's medication were keeping the patient functional, allowing for increased mobility and tolerance of activities of daily living and home exercises. The 5/16/13 note does document a lack of adverse side effects and judicious use of opiates including tapering and using the lowest dose possible. However, there was no documentation of using non-opiates for pain control or endpoints of treatment. Then the 11/14/13 UDS was negative for hydrocodone which raises questions as to whether the patient needs to be opiates. Additional information would be necessary for on-going opioid management. Therefore, the request for HYDROCODONE/ACETAMINOPHEN 5-325MG #90 WITH ONE (1) REFILL is not medically necessary.

**LUMBAR DISCOGRAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**Decision rationale:** According to pages 308-310 of the ACOEM Practice Guidelines referenced by CA MTUS, discography is not recommended. Recent studies on discography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion. In this case, a repeat discogram examination was recommended to confirm pain generation as the previous discogram was performed over two years ago. Furthermore, if the discogram demonstrated focal findings at the L5-S1 level with negative control level at L4-5, then the patient would be a candidate to undergo an L5-S1 fusion. However, the results of the previous discogram examination was not included in the records for review. A mere updating of previous discogram studies does not necessitate the need for repeat examination. Therefore, the request for LUMBAR DISCOGRAM is not medically necessary.