

<b>Case Number:</b>	CM14-0105632		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/27/2006
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 72-year-old male who reported an injury on 04/20/2006. The mechanism of injury was not provided. On 06/24/2014, the injured worker presented with pain in the low back. Current medications included Norco, Aspirin, Lisinopril, Lopressor, Zocor, Plavix, Metoprolol and Simvastatin. Examination of the lumbar spine revealed tenderness to palpation over the paravertebral muscles, tight muscle band and trigger points with a twitch response and radiating pain upon palpation. Multiple myofascial trigger points were noted. The diagnoses were lumbago, carpal tunnel release, postlaminectomy syndrome of the lumbar region, lumbar disc displacement without myelopathy, and sprains and strains of the neck. Prior therapy included physical therapy. The provider recommended Norco to control pain and increase function and a urine drug screen for ongoing monitoring due to the Norco. The Request for Authorization Form was dated 06/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #90 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation for risk of aberrant drug abuse behavior, and side effects. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, The request for Norco 10/325 mg with a quantity of 90 and 2 refills is not medically necessary.

**Urine Drug Screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test Page(s): 43.

**Decision rationale:** The California MTUS Guidelines recommend a urine drug test as an option to assess for the use or presence of illegal drugs and may also be used in conjunction with a therapeutic trial of opioids, for ongoing management, and a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behavior, whether the injured worker was suspected of illegal drug use. It was unclear when the last urine drug screen was performed. As such, the request for urine drug screen is not medically necessary.