

<b>Case Number:</b>	CM14-0108946		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	06/04/1998
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Internal Medicine and is licensed to practice in California, Colorado, Kentucky, and North Carolina. 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 57 year old female who sustained an injury on 06/04/98. The mechanism of injury is carrying files and had low back pain; however the injured worker sustained multiple injuries to include injuries to the low back for which she has been followed for chronic pain. The injured worker was followed for an extensive period in time by pain management and had been provided multiple medications to include narcotic analgesics. The injured worker was being prescribed Norco 10/325 milligrams utilized every four hours as needed for pain. The injured worker did have recent urine drug screen reports from 05/16/14 which were noted to be positive for Hydrocodone. As of 06/12/14, the injured worker continued to report complaints of low back pain. The injured worker reported improved symptoms in the right lower extremity. No specific functional improvements were noted. The injured worker was recommended to continue with Norco as prescribed and there were recommendations for further urine drug screen testing. The request Norco 10/325 milligrams quantity 180 and random urine drug screen was denied by utilization review on 06/16/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

**Decision rationale:** The injured worker has been utilizing this medication over an extended period of time. Per current evidence based guidelines, the use of a short acting narcotic such as Norco can be considered an option in the treatment of moderate to severe musculoskeletal pain. The benefits obtained from short acting narcotics diminishes over time and guideline recommend that there be ongoing indications of functional benefit and pain reduction to support continuing use of this medication. Overall, there is insufficient evidence in the clinical literature that long term use of narcotic medications results in any functional improvement. The clinical documentation provided for review did not identify any particular functional improvement obtained with the ongoing use of Norco. No specific pain improvement was attributed to the use of this medication. The clinical documentation also did not include any long term opiate risk assessments (COMM/SOAPP) to determine risk stratification for this claimant. This would be indicated for Norco given the long term use of this medication. As there is insufficient evidence to support the ongoing use of Norco, this request is not medically necessary.

**Random Urine Drug Screen:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing

**Decision rationale:** In regards to request for additional urine drug screening, the injured worker just recently had a urine drug screen completed which was consistent with the use of Norco. The prior utilization review did recommend continuation of Norco under weaning purposes however, there were no indications of further elevated risk factors for opioid misuse or any other abhorrent behaviors noted to support further urine drug screen reports. Although guidelines do recommend random urine drug screen, there is no indication from the clinical reports to support this frequency of urine drug screen for the injured worker. Therefore, this request is not medically necessary.