

<b>Case Number:</b>	CM14-0016268		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	06/30/2009
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 52 year old male who has a work injury dated 6/30/09. The diagnoses include chronic cervical ligamentous and muscular strain with discopathy, right shoulder chronic strain with weakness, status post lumbar surgery fusion with atrophy and radiculopathy of the left lower extremity and residual pathology, status post umbilical hernia surgery. He has several non-orthopedic diagnoses such as problems with bruxism, mastication, problem with speech, status post umbilical hernia surgery, stress, anxiety, depression, sleep disorder, impotence, neurogenic bladder, testicular pain and GI distress. There is a 3/31/14 primary treating progress report and MMI permanent and stationary report by orthopedic surgery that reveals that the patient was seen as a follow up in regard to his cervical spine, right shoulder, lumbosacral spine. The patient continued to have problems with the lumbosacral area having intermittent pain in the lumbar area with intermittent tingling and numbness of the left lower extremity. The patient is also having weakness in the left lower extremity. This has continued to be an issue especially since the patient has had his initial problems. The weakness in the left leg is present. He is doing his home exercise program, stretching exercise, doing the walking using the cane for long distances and to go up and down stairs. This is on an intermittent basis. The patient also has the atrophy noted in the left lower extremity. The patient also has problems with the area of the cervical spine with intermittent headaches. He also continues to have problems with anxiety and depression. The patient does have moderate affective distress in activities of daily living including prolonged standing, walking, any type of cooking, bagging and lifting, carrying groceries, doing the vacuuming, and problems with sleep. The patient has been very compliant in cutting down on his medication partly, because he did not want to continue with taking the medication and also partly due to the UR Department continuing to deny all of his medications and several IMR

applications are in progress. The document notes that the patient has objective factors of disability on this date including in the cervical spine patient is having tenderness with limitation in range of motion. The right shoulder reveals that the patient is having mild tenderness, full range of motion but weakness in flexion, abduction and internal rotation, diminished grip strength on the right hand. The lumbosacral spine exam reveals that the patient is having tenderness with the well-healed scar, limitation in range of motion. The straight leg raising is being positive on the left side, atrophy on the left lower extremity, sensory changes in the left lower extremity and the 4/5 weakness of the left lower extremity.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 PRESCRIPTION OF NORCO 5/500MG #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When To Continue Opioids Topic/When To Discontinue Opioids Page(s): 79-80.

**Decision rationale:** The MTUS guidelines state, that opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances and should be continued if the patient has returned to work or if the patient has improved functioning and pain. Based on the medical records provided for review there is no indication that Norco has improved patient's pain or functioning to a significant degree therefore Norco 5/500 mg #60 is not medically necessary and appropriate.

#### **1 PRESCRIPTION OF ALPRAZOLAM 1MG #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The documentation indicates that the patient has been taking Alprazolam since at least 10/15/12 which exceeds the MTUS guideline recommendations. The documentation continues to indicate that the patient continues to have anxiety. The request for 1 prescription of Alprazolam 1mg #30 is not medically necessary and appropriate.

#### **1 URINE DRUG SCREEN: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing/Opioids - Steps To Avoid Misuse/Addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that frequent random urine toxicology screens can be used as a step to avoid misuse of opioids, and in particular, for those at high risk of abuse. The MTUS states that urine drug screen is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The Official Disability Guidelines (ODG) states patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. According to the documentation prior urine drug screens performed on 03/18/2013, 04/01/2013, 04/29/2013, and 10/4/13 were all consistent with the employee's prescribed medication use. The documentation reveals no evidence of high risk behavior. Additionally, the recommendation elsewhere in this review is for discontinuing Norco. There is no indication for an additional urine drug screen from the documentation submitted. The request for 1 urine drug screen is not medically necessary and appropriate.