

<b>Case Number:</b>	CM14-0181269		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	12/31/1996
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 & Rehabilitation 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 49-year-old female who reported an injury on 12/31/1996. The injury reportedly occurred when the injured worker was helping a coworker pull a large L shaped desk. Her diagnoses included lumbar intervertebral disc degeneration, cervical intervertebral disc degeneration, degeneration of the left knee meniscus/ligament, and bilateral plantar fasciitis. Her past treatments included medications, medial branch blocks, trigger point injections, chiropractic therapy, physical therapy, psychotherapy, and surgery. Her diagnostic studies included an MRI performed in 05/2000 which revealed spondylolisthesis and a CT completed on 03/30/2001 which revealed anterolisthesis, facet joint hypertrophy, and lateral recess stenosis. Her surgical history included total knee arthroplasty performed in 12/2010 and 01/2013. On 10/22/2014, the injured worker complained of lower back and left knee pain rated at 8/10 to 9/10. The examination of the left knee revealed limited flexion at 55 out of 110 degrees, positive Apley's and medial ACL challenge, and edema around the knee joint. The examination of the lumbar spine revealed flexion at 41 out of 60 degrees and bilateral lateral bending at 15 out of 25 degrees, with pain rated at 6/10. Her current medications were not listed. The treatment plan included chiropractic and physical therapy, continued pain management, and acupuncture. A request was received for Norco 10/325 mg #90 (to be filled 11/04/2014), Colace 100 mg #30 with 3 refills, and a urine drug screen. The rationale for the request was not provided. The Request for Authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #90 (to be filled 11/4/14): Upheld**

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

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

**Decision rationale:** The request for Norco 10/325 mg, quantity 90 (to be filled 11/04/2014) is not medically necessary. The California MTUS Guidelines state that ongoing use of opioids should include documentation of pain assessments, functional status, appropriate medication use, and adverse side effects. Pain assessments should include current pain; the least reported pain; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The clinical notes indicated that the injured worker's average level of pain had increased from a 5/10 to an 8/10 and she complained of worsening functionality. However, there was no documented evidence of complete pain assessments, functional status, appropriate medication use, and adverse side effects. In the absence of appropriate documentation to indicate the ongoing use of opioids, the request is not supported. In addition, the request did not specify frequency of use. Therefore, the request is not medically necessary.

**Colace 100mg, #30 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, and Prophylactic Treatment of Constipation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 77.

**Decision rationale:** The request for Colace 100 mg, quantity 30 with 3 refills is not medically necessary. The California MTUS Guidelines recommend the prophylactic use of constipation with use of opioids. The clinical notes indicated that the injured worker had been taking the medication Colace since at least 06/2012. However, there was no documented evidence that the medication was useful in relieving symptoms. In the absence of documentation warranting the ongoing use of Colace, the request is not supported. In addition, the request did not include frequency of use. Therefore, the request is not medically necessary.

**Urine drug screen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, and Steps to Avoid Misuse/Addiction.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
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**Decision rationale:** The request for a urine drug screen is not medically necessary. The California MTUS Guidelines recommend the use of urine drug screening to assess for the use or

the presence of illegal drugs. The clinical notes indicated that a urine drug screen was completed on 10/14/2014 which revealed compliance with the narcotic pain management program. Since the most recent drug screen indicated compliance with medications and the injured worker was indicated to be low risk, the need for a repeat urine drug screen is not warranted. Therefore, the request is not medically necessary.