

<b>Case Number:</b>	CM14-0183852		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	06/28/2003
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 64-year-old female who has submitted a claim for lumbar disc displacement associated with industrial injury date of 6/28/2003. Medical records from 2014 were reviewed. The patient complained of low back pain radiating to bilateral lower extremities aggravated by lifting, bending, and stooping. Physical examination of the lumbar spine showed tenderness, muscle guarding, restricted motion, and positive straight leg raise test on the left. Urine drug screen from 10/7/2014 showed consistent results with prescription medications. The most recent progress report available for review is dated 4/10/2014. Treatment to date has included physical therapy, aqua therapy, and Norco. Utilization review from 10/23/2014 denied the request for Norco 10/325 milligrams, #100 because of no evidence of functional improvement with medication use; and denied urine drug screen because the patient had received ample drug screens within the last year with consistent results.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg, 100 count:** Upheld

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

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

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the exact initial prescription date for Norco is unknown. Urine drug screen from 10/7/2014 showed consistent results with prescription medications. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325 mg, 100 count: is not medically necessary.

**One urine drug screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

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

**Decision rationale:** Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. Screening is recommended randomly at least twice and up to 4 times a year. In this case, current medications include Norco. Urine drug screen from 10/7/2014 showed consistent results with prescription medications. However, there is no compelling rationale for repeating drug screen at this time. No aberrant drug behavior is noted to warrant such. Therefore, the request for urine drug screen is not medically necessary.