

<b>Case Number:</b>	CM14-0183999		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	02/06/2001
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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, has a subspecialty in Pain Management, 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 patient is a 52-year-old male with a date of injury of 02/06/2001. According to progress report 10/13/2014, the patient presents with worsening of low back pain with associated radiculopathy to the bilateral lower extremity. In regards to medication, the patient is currently taking combination of Norco 10/325 mg, ibuprofen 800 mg, and Wellbutrin 100 mg. The patient reports that pain progressively worsens at the end of the day. Surgical history includes right shoulder surgery in 1997 and 2002. Examination of the cervical spine revealed paraspinal tenderness on the left and right. There is pain with flexion and extension. Examination of the lower back revealed tenderness to palpation over the lumbosacral and pain with flexion. There is positive facet loading noted. The listed diagnoses are, 1. Spasm of muscle, 2. Shoulder pain, 3. Rotator cuff sprain/strain, 4. Lumbago, 5. Radicular syndrome (thoracic/lumbosacral), 6. Pain in thoracic spine, 7. Depression. The treater recommends continuation of medications and notes that urine drug screen was obtained for safe opiate monitoring. Utilization review denied the request for Norco 7.5/325 mg and one urine drug screen on 10/29/2014. Treatment reports from 06/02/2014 to 10/13/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Norco 7.5/325mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 78.

**Decision rationale:** This patient presents with chronic neck and low back pain. The treater is requesting one prescription of Norco 7.5/325 mg #90. The MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. Review of the medical file indicates the patient has been prescribed Norco since at least 06/02/2014. The treater at the end of each progress report notes that the 4A's were addressed and that the patient is in compliance. Treater states the patient is screened for aberrant, non-adherent drug related behavior. Urine drug screens were administered on 06/09/2014, 08/26/2014, and 10/20/2014 which were consistent with the medication prescribed. Progress report 09/08/2014 states the patient notices "at least 30% reduction in pain and spasms with the Norco on board." Report 09/15/2014 notes that the patient has difficulty sleeping, walking, and cooking without the use of Norco. It was noted he is not able to function without his medications. He rates his pain as 9/10 on a pain scale without medications. Progress report 10/13/2014 notes that the patient almost has had 100% relief of pain following trigger point injections, but a refill of Norco was requested. The report also states, "The patient has had physical therapy, massage therapy, NSAID, and analgesics without significant relief of pain." In this case, the recommendation for further use cannot be support as the treater states that analgesics have not provided significant relief. The request is not medically necessary.

**1 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 (Chronic) chapter, Urine drug testing (UDT) <http://odg-twc.com/index.html?odgtwc/pain.htm#UrineDrugTesting>

**Decision rationale:** This patient presents with chronic neck and low back pain. The treater is requesting a Urine Drug Screen. While MTUS Guidelines do not specifically address how frequent UDS should be obtained from various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. Urine drug screens were administered on 06/09/2014, 08/26/2014, and 10/20/2014 which were consistent with the medication prescribed. The treater states that the patient does not have aberrant behaviors and is compliant with medications. ODG states once a year screening should be sufficient in low-risk patients. The requested UDS is not medically necessary.

