

<b>Case Number:</b>	CM14-0026283		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/03/2010
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Orthopedic Surgery 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 47-year-old male who was reportedly injured on March 3, 2010. The mechanism of injury was not listed in these records reviewed. The most recent progress note indicated that there were ongoing complaints of low back pain. The physical examination demonstrated normal reflex, normal sensory and a normal power testing to the bilateral upper and lower extremities. A normal gait pattern was reported. A slight decrease in lumbar spine range of motion was also identified. Diagnostic imaging studies objectified degenerative disc disease in the lumbar spine. Previous treatment included conservative care, narcotic medications and muscle relaxants. A request had been made for the medications Fexmid, Norco and a urine drug screen and was not certified in the pre-authorization process on February 3, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro 12-4-2013 Norco (hydorcodone APAP) 10/325mg 90 tabs:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC - pain- Detoxification.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-78.

**Decision rationale:** The records indicated that a previous suggestion to wean the opioid medications was not attempted. Additionally, there was no other pathology objectified other than a chronic lumbar strain. Use of narcotic medications to treat such a diagnosis is excessive at best. Furthermore, previous urine drug screens were apparently negative for the narcotic medications prescribed. Therefore, when considering the date of injury, the injury sustained and the apparent misuse of medications like of any specific pathology toward narcotic intervention, this request is not medically necessary.

**Retro 12/4/2013 Fexmid 7.5mg 60 tabs:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64.

**Decision rationale:** The use of this type of muscle relaxant medication is supported for a short course of therapy alone. This is not intended for chronic, long term or indefinite use. While noting that the physical examination did report muscle spasms, there were no neurological factors identified. As such, when considering the date of injury, the injury sustained, and the most current physical examination findings reported, this request is not medically necessary.

**Retro 12/4/2013 Urine Drug Screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78.

**Decision rationale:** The need for such a urine drug screening is to determine appropriate opioid management. The progress notes do not warrant any indication of an illicit drug use, drug diversion, or other indicators why such a study would be necessary. Therefore, based on the clinical information presented for review, this is not medically necessary.