

<b>Case Number:</b>	CM14-0027377		
<b>Date Assigned:</b>	03/07/2014	<b>Date of Injury:</b>	10/18/2007
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 Anesthesiology and is licensed to practice in Massachusetts, New Jersey and Connecticut. 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 50 year old male injured on 10/18/07 when he was involved in a motor vehicle collision. The specific injuries were not provided in the documents provided. The patient was initially treated with rest, medications, physical therapy, and other conservative measures; however, the patient continued to have severe pain in the lower back radiating bilaterally to the buttocks and lower extremities as well as the groin, with numbness in the right foot with lower extremity weakness. The most recent clinical documentation indicates the patient was recommended for a 3 level lumbar fusion; however, was precluded surgical intervention due to prior cardiac condition. The patient has undergone trigger point injections and multiple lumbar epidural steroid injections with pain relief reported. The patient reports medication decreases his pain from 9/10 to 6-7/10 and improves his ability to perform his activities of daily living and walk longer distances. The patient also reports he is able to participate in light stretching program learned through physical therapy. Urine drug screens indicate compliance with prescribed medications. Physical examination revealed lumbar paraspinous tenderness, decreased range of motion, positive straight leg raise on the right, decreased muscle strength 4/5 on the right, hyperesthesia in the right L3-4 and L4-5 dermatomes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Overturned

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

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

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is clear documentation regarding the functional benefits with the continued use of narcotic medications. The clinical notes indicate the current medications decrease his level pain, improve his ability to perform his activities of daily living, walk longer distances, and participate in exercise activities. Additionally, the documentation provided consistent risk assessments for opioid dependence and diversion. As such, the request for Norco 10/325mg #120 is recommended as medically necessary.

**TRAMADOL 50MG #60:** Overturned

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

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

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is clear documentation regarding the functional benefits with the continued use of narcotic medications. The clinical notes indicate the current medications decrease his level pain, improve his ability to perform his activities of daily living, walk longer distances, and participate in exercise activities. Additionally, the documentation provided consistent risk assessments for opioid dependence and diversion. As such, the request for Tramadol 50MG #60 is recommended as medically necessary.

**1 RANDOM QUARTERLY URINE DRUG SCREEN (4 TIMES A YEAR):** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**Decision rationale:** As noted on page 43 of the Chronic Pain Medical Treatment Guidelines, urine drug screens are recommended as an option to assess for the use or the presence of illegal drugs. On-going management of opioids indicates use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) should be maintained on a

regular basis. Quarterly evaluation of the medication efficacy of an established patient, to include urine drug screens, is acceptable. As such, the request for 1 random quarterly urine drug screen (4 times a year) is recommended as medically necessary.