

<b>Case Number:</b>	CM14-0030233		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/17/2012
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 35-year-old male who reported an injury on 02/17/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 04/28/2014 indicated diagnoses of facet arthropathy, bilateral lumbar radiculopathy, and disc displacement. The injured worker reported low back pain that wrapped into his groin with numbness that radiated down the bilateral buttock through the anterior and posterior thigh through the shin and calves into his feet, rated 7-8/10. On physical examination of the lumbar spine and lower extremities, the injured worker had no palpable tenderness, sensory was intact, pinprick was intact, reflexes and motor strength were normal. However, the injured worker reported conservative care failed and the injured worker reported symptoms deteriorated and pain continued. The injured worker's prior treatments included diagnostic imaging, physical therapy, and medication management. The injured worker had a urine drug screen dated 04/28/2014. The injured worker's urine drug screen came back negative for barbiturates, benzodiazepines, methadone, opiates, oxycodone, and antidepressants. The injured worker's medication regimen included Anaprox, Norco, Zanaflex, Colase, and naproxen. The provider submitted request for diagnostic discogram lumbar spine L4-S1 and Norco and 1 urine drug screen. A Request for Authorization dated 03/17/2014 was submitted for lumbar discogram; however, a rationale was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, Quantity: 180.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and On-Going Management.

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

**Decision rationale:** The California MTUS Guidelines recommend the use of opioids for the ongoing management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use behaviors, and side effects. Furthermore, the provider did not indicate a frequency for the medication; therefore, the request for Norco10/325mg, Quantity: 180.00 is not medically necessary and appropriate.

**Diagnostic discogram lumbar spine L4-S1, quantity: 3.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2009), Chapter 12 (Low Back Complaints), Surgical Considerations, page 307 and Official Disability Guidelines, contents, Treatment Guidelines, 19th edition [2014 web], Low Back section, Discography.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

**Decision rationale:** The request for Diagnostic discogram lumbar spine L4-S1, quantity: 3.00 is non-certified. The California MTUS/ACOEM guidelines states there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. The request is not supported by the guidelines. The documentation submitted did not indicated the injured worker had finding that would support she was at risk for spinal fracture, dislocation or spondylolisthesis. In addition, the request is not supported by the guidelines. Therefore, the request for Diagnostic discogram lumbar spine L4-S1, quantity: 3.00 is not medically necessary and appropriate.

**One Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and On-Going Management.

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

**Decision rationale:** The California MTUS guidelines recommend a urine drug test as an option to assess for the use or the presence of illegal drugs. It may also be used in conjunction with a

therapeutic trial of Opioids, for on-going management, and as a screening for risk of misuse and addiction. The documentation indicated that the injured worker was screened on 04/28/2014 and the injured worker's results were negative. The documentation submitted did not indicate the injured worker had findings that would indicate she was at risk for misusing or abusing opioids. In addition, the provider did not indicate a rationale for the request. Therefore, 1 urine drug screen is not medically necessary and appropriate.