

<b>Case Number:</b>	CM14-0033435		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/03/2010
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 Medicine 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 56 year old female who sustained work related injuries on May 3, 2010. On this date the injured worker is reported to have sustained injuries to her back, knees, and wrists. The injured worker was chronically maintained on oral medications. The most recent clinical note dated December 16, 2013 reported severe low back pain radiating into the right hip and right lower extremity. On examination she was tender over the lumbar paravertebral musculature; there was decreased lumbar range of motion. She was diagnosed with lumbar sacral sprain strain rule out herniated disc. The record included an electrodiagnostic study (EMG/NCV) dated November 14, 2013 which provided diagnostic evidence of a chronic right S1 radiculopathy. MRI of the lumbar spine dated November 6, 2013 noted evidence of disc bulges at L3-4 and L4-5. There was a broad based central disc protrusion at L5-S1 measuring 3-4 millimeter in anterior posterior (AP), evidence of mild spinal canal stenosis and mild bilateral neural foraminal narrowing. The record included a utilization review dated February 19, 14 in which requests for Norco 10 325, soma, and urine drug screen were non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates  
Page(s): 74-80.

**Decision rationale:** A quantity and prescription instructions are not provided. The record does not provide any data regarding the efficacy of this medication. There are no serial visual analogue scale (VAS) scores to establish benefit. The record includes urine drug screens establishing that the injured worker is compliant with her oral medications. There is no indication of a signed pain management contract. Given the lack of information to establish efficacy, the request is not supported as medically necessary.

**Soma:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma  
Page(s): 29.

**Decision rationale:** This request is non-specific and does not provide a quantity or prescription. Further, this medication is not supported by the California MTUS Guidelines for the treatment of chronic pain. Records indicate that the injured worker is four years post date of injury. The medical necessity for continued use of this medication has not been established.

**Urine tox 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 Urine drug testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates  
Page(s): 74-80.

**Decision rationale:** The submitted clinical records indicate that the injured worker has undergone multiple urine toxicology screens in the past and has been compliant. There is no data presented in the clinical record to suggest that the injured worker is non-compliant. As such, the request would not be supported as medically necessary.