

<b>Case Number:</b>	CM14-0036296		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	11/17/2007
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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 and Rehabilitation 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:

This 38 year-old patient sustained an injury on 11/17/07 from moving a fence post and struck his head on a piece of machinery while employed by [REDACTED]. Request(s) under consideration include second option consultation with neurologist, urine drug screen, and norco 10/325 mg #60. Diagnoses include Migraine Unspecified; history of post-concussive head injury, cervical sprain/strain with spondylosis; chornic back pain; depression; adjustment disorder; and GERD. Report of 1/15/14 from the provider noted the patient with chronic neck pain, headaches at skull base, and neck and shoulder girdle spasm along with low back pain. The patient has occasional blurred vision with severe headaches accompanied by nausea rated at 6-10/10. Recent MRI of the brain was normal. Additional 3 CT scans of the brain were all normal. Medications list Norco, Neurontin, Omeprazole, and Topamax. Report of 3/5/14 noted unchanged chronic neck and headaches. Exam was again unchanged noting limited neck range; pain on neck compression, but did not radiate; palpation showed rigidity in paraspinal and trapezius muscles; lower back with limited trunk range; neurological intact in motor strength, sensation, and DTRs. Treatment included the above refill of Norco, UDS, and neurological second opinion. Request(s) for second option consultation with neurologist, urine drug screen, and norco 10/325 mg #60 were non-certified on 3/20/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SECOND OPTION CONSULTATION WITH NEUROLOGIST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7- Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** The patient has occasional blurred vision with severe headaches accompanied by nausea rated at 6-10/10. Recent MRI of the brain was normal. Additional 3 CT scans of the brain were all normal. Medications list Norco, Neurontin, Omeprazole, and Topamax. Report of 3/5/14 noted unchanged chronic neck and headaches. Exam was again unchanged noting limited neck range; pain on neck compression, but did not radiate; palpation showed rigidity in paraspinal and trapezius muscles; lower back with limited trunk range; neurological intact in motor strength, sensation, and DTRs. Treatment included the above refill of Norco, UDS, and neurological second opinion. Submitted reports have not demonstrated any clear or specific indication or diagnoses indicative of a second opinion neurology consultation for uncomplicated complaints of headaches. There is no identifying change in diagnoses, clinical findings, or remarkable diagnostics to support for specialty care beyond the specialty treatment already received nor is there any failed treatment trials rendered for any unusual or complex pathology that may require second opinion. Submitted reports have not adequately demonstrated the medical necessity for this second opinion neurology consultation in a patient without any acute change in symptoms, objective findings or new injury. the second opinion consultation with neurologist is not medically necessary and appropriate.

**URINE DRUG SCREEN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The patient has occasional blurred vision with severe headaches accompanied by nausea rated at 6-10/10. Recent MRI of the brain was normal. Additional 3 CT scans of the brain were all normal. Medications list Norco, Neurontin, Omeprazole, and Topamax. Report of 3/5/14 noted unchanged chronic neck and headaches. Exam was again unchanged noting limited neck range; pain on neck compression, but did not radiate; palpation showed rigidity in paraspinal and trapezius muscles; lower back with limited trunk range; neurological intact in motor strength, sensation, and DTRs. Treatment included the above refill of Norco, UDS, and neurological second opinion. Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid this chronic 2007 injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical

findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The urine drug screen is not medically necessary and appropriate.

**NORCO 10/325MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The patient has occasional blurred vision with severe headaches accompanied by nausea rated at 6-10/10. Recent MRI of the brain was normal. Additional 3 CT scans of the brain were all normal. Medications list Norco, Neurontin, Omeprazole, and Topamax. Report of 3/5/14 noted unchanged chronic neck and headaches. Exam was again unchanged noting limited neck range; pain on neck compression, but did not radiate; palpation showed rigidity in paraspinal and trapezius muscles; lower back with limited trunk range; neurological intact in motor strength, sensation, and DTRs. Treatment included the above refill of Norco, UDS, and neurological second opinion. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Norco 10/325 Mg #60 is not medically necessary and appropriate.