

<b>Case Number:</b>	CM14-0053529		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	07/09/1988
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 Occupational 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:

This is a 47-year-old male with a 7/9/88 date of injury. The mechanism of injury was not provided for review. According to a progress report dated 3/7/14, the patient complained of low back pain and bilateral posterior thigh pain. He stated that his symptoms are not changed; back pain is 50% and posterior thigh pain is 50%. Pain has reached 5/10 with activity. There is no neurologic deficit in the lower extremities. Lumbar range of motion is normal, hip exam is negative, sacroiliac joint exam is negative, reflexes are 1+ at the knees and ankles, and there is no clonus. The diagnostic impression is lumbar arthrocrosis, nonspecific back pain, degenerative disc disease above the fusion, possible early sacroiliac joint dysfunction on the right. Treatment to date has been medication management and activity modification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Norco 10/325mg #120 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed, are prescribed at the lowest possible dose, and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In addition, according to the progress notes dated 1/28/13, 2/19/14, and 3/7/14, it is noted that the patient's condition has not changed since 2012, despite Norco use. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request is not medically necessary.

**1 Lab test to include CMP and CBC:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs specific drug list & adverse effects.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 'Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings'.

**Decision rationale:** Literature concludes that a large proportion of patients receiving selected chronic medications do not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. According to the reports reviewed, the laboratory test the provider is requesting is for NSAID surveillance values. However, the request for Daypro, an NSAID, was denied in a previous UR, so it is unnecessary to continue laboratory monitoring for NSAID use. In addition, it is documented that the patient had a laboratory test performed on 3/21/14, and it is unclear why the provider would request another one at this time. Therefore, the request is not medically necessary.