

<b>Case Number:</b>	CM14-0063595		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	03/13/1986
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 76 year old with an injury date on 3/13/86. Patient complains of constant, aching lower lumbar pain radiating down left lower extremity, worsened when arising with pain rated 7/10 (with medications) per 4/8/14 report. Patient had cut down meds from Norco 240 per month to 96 per month, and Ambien to 20 per month per 4/8/14 report. Based on the 4/8/14 progress report provided by [REDACTED] the diagnoses are: 1. lumbago, lower back pain 2. Encntr long-RX use necExam on 4/8/14 showed "tenderness to palpation at L-spine, tender at facet joint, decreased range of motion at flexion, extension, and lateral bending. Left leg shows no crepitus or defects in thigh, knee, and ankle. Full strength in left lower extremity and normal bulk/tone." [REDACTED] is requesting Norco 10/325mg #240 and a urine drug screen. The utilization review determination being challenged is dated 4/30/14. [REDACTED] is the requesting provider, and he provided treatment reports from 1/8/13 to 4/8/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS (MTUS 76-78) Page(s): 76-78.

**Decision rationale:** This patient presents with lower back pain. The treater has asked for Norco 10/325mg #240 on 4/8/14. Patient has weaned down Norco, but treater is requesting to bump up Norco to 240 a month "to see if it is filled" per 4/8/14 report. For chronic opioids use, MTUS guidelines require specific documentation regarding pain and function, including: least reported pain over period since last assessment; average pain; intensity of pain after taking opioid; how long it takes for pain relief; how long pain relief lasts. Furthermore, MTUS requires the 4 A's for ongoing monitoring including analgesia, ADL's, adverse side affects, and aberrant drug-seeking behavior. Review of the included reports do not discuss opiates management. There are no discussions of the four A's and no discussion regarding pain and function related to the use of Norco. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, recommendation is for denial.

**Urine Drug Screen:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines X MTUS for Steps to avoid opioid misuse, pg 94-95:Opioids, steps to avoid misuse/addiction Page(s): 94-95.

**Decision rationale:** This patient presents with lower back pain. The treater has asked for a urine drug screen on 4/8/14. This appears to be a retrospective request, as patient had a urine drug screen on 4/8/14 which came out positive for opiates. No other urine drug screens were found in reports. Regarding urine drug screens, MTUS recommends to test for illegal drugs, to monitor compliance with prescribed substances, to continue, adjust or discontinue treatment, when patient appears at risk for addiction, or when drug dosage increase proves ineffective. In this case, the treater has asked for drug screen to monitor current opiate usage which is in line with MTUS guidelines. Recommendation is for authorization.