

<b>Case Number:</b>	CM14-0077651		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	11/22/2003
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Management 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:

According to the records made available for review, this is a 67-year-old female with an 11/22/03 date of injury. At the time (5/12/14) of the request for authorization for urine toxicology, MS Contin 15mg #60, and Norco 10/325mg #75, there is documentation of subjective (constant neck and upper extremity pain, lower back pain that radiates to buttocks and down to feet) and objective (pain and tenderness across cervical spine on extension along facet joints, decreased cervical range of motion, pain across lower back on extension along facets, decreased lumbar range of motion, spasm left cervical, left biceps 4+/5 strength, decreased light touch along deltoid region, left biceps reflex 1+) findings, current diagnoses (failed neck surgery syndrome, trochanteric bursitis, degenerative joint disease right knee, subacromial bursitis right, GERD, cervical radiculopathy, cervicgia, lumbar radiculopathy, chronic pain, and facet arthropathy lumbar), and treatment to date (medication including MS Contin and Norco for at least 4 months). In addition, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Regarding MS Contin 15mg #60 and Norco 10/325mg #75, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of MS Contin and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids, differentiation: dependence & addiction.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in-patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. The Official Disability Guidelines supports urine drug testing within six months of initiation of opioid therapy and on a yearly basis thereafter for patients at low risk of addiction, 2 to 3 times a year for patients at moderate risk of addiction & misuse, and testing as often as once per month for patients at high risk of adverse outcomes (individuals with active substance abuse disorders). Within the medical information available for review, there is documentation of diagnoses of failed neck surgery syndrome, trochanteric bursitis, degenerative joint disease right knee, subacromial bursitis right, GERD, cervical radiculopathy, cervicalgia, lumbar radiculopathy, chronic pain, and facet arthropathy lumbar. In addition, there is documentation of on-going opioid treatment. Therefore, based on guidelines and a review of the evidence, the request for urine toxicology is medically necessary.

**MS Contin 15mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of failed neck surgery syndrome, trochanteric bursitis, degenerative joint disease right knee, subacromial bursitis right, GERD, cervical radiculopathy, cervicalgia, lumbar radiculopathy, chronic pain, and facet arthropathy lumbar. In addition, there is documentation of treatment with MS Contin for at least 4 months. Furthermore, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain

relief, functional status, appropriate medication use, and side effects. However, given documentation of treatment with MS Contin for at least 4 months, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of MS Contin. Therefore, based on guidelines and a review of the evidence, the request for MS Contin 15mg #60 is not medically necessary.

**Norco 10/325mg #75:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of failed neck surgery syndrome, trochanteric bursitis, degenerative joint disease right knee, subacromial bursitis right, GERD, cervical radiculopathy, cervicalgia, lumbar radiculopathy, chronic pain, and facet arthropathy lumbar. In addition, there is documentation of treatment with Norco for at least 4 months. Furthermore, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given documentation of treatment with Norco for at least 4 months, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Norco. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #75 is not medically necessary.