

<b>Case Number:</b>	CM14-0082456		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	03/01/2004
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 54 year-old injured worker sustained an injury on 3/1/2004 while employed by [REDACTED]. Request under consideration include Prospective requests for 1 prescription of Norco 10/325 mg # 90 with 2 refills, 1 prescription of Motrin 800 mg # 90 with 2 refills, and 1 urine drug screen. Diagnoses include lumbar disc herniation at L5-S1 with left lower extremity radiculopathy; meralgia paresthetica; facet arthropathy; s/p L4-5 decompression. Report of 3/2/14 noted injured worker was approved 6 sessions of PT and has felt less back pressure with stronger lower extremities. Medications list Norco, and Motrin. Exam showed decreased lumbar spine range with mild spasm and positive facet loading; TTP at bilateral hips with limited range; full range of knees with 5-/5 motor strength. The injured worker remained P&S with treatment request for additional 6 PT visits. Report of 5/15/14 from the provider noted the injured worker with ongoing chronic low back pain rated at 6-7/10 radiating into the lower extremity rated at 4/10 aggravated by prolonged activities of walking and standing. The requests for Prospective requests for 1 prescription of Norco 10/325 mg # 90 with 2 refills was non-certified, 1 prescription of Motrin 800 mg # 90 with 2 refills was modified for #90 without refills, and 1 urine drug screen was non-certified on 5/22/14 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:

**Prospective request for 1 prescription of Norco 10/325 mg # 90 with 2 refills: Upheld**

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

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

**Decision rationale:** 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 Prospective request for 1 prescription of Norco 10/325 mg # 90 with 2 refills is not medically necessary and appropriate.

**Prospective request for 1 prescription of Motrin 800 mg # 90 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs  
Page(s): 22.

**Decision rationale:** Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for neither this chronic injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs are a second line medication after use of acetaminophen. The Prospective request for 1 prescription of Motrin 800 mg # 90 with 2 refills is not medically necessary and appropriate.

**Prospective request for 1 urine drug screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** 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 injured worker who has been prescribed long-term opioid this chronic 2004 injury. The injured worker has been P&S and is not working. 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 injured worker in a higher risk level; however, none are provided. The Prospective request for 1 urine drug screen is not medically necessary and appropriate.