

<b>Case Number:</b>	CM14-0116510		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	04/12/2006
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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 Family Practice, 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 injured worker is a 61 year old female with a date of injury of 4/12/2006. Mechanism of injury was not indicated in the records submitted. Treatments included medications and urine drug screens. Diagnosis includes persistent left sided wrist pain secondary to ulnar styloid fracture, history of left distal radius fracture, and status post ORIF. Per most updated progress report dated 12/18/2013, the injured worker reported constant dull left wrist pain with intermittent sharp pain. The pain medications regime enables the injured worker to perform normal activities of daily living and household chores. Additionally per this same report it was noted the urine drug screen reviewed was consistent with medication use and negative for alcohol or illicit substances. Treatment plan includes Norco 10/325 mg #120 with 2 refills and one urine drug screen. On June 19, 2013, Utilization Review certified one urine drug screen and denied Norco 10/325 mg #120 with 2 refills with modifications noting MTUS Chronic Pain guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 Opioids  
Page(s): 76-82.

**Decision rationale:** According to guidelines it states opioids should only be continued if there is functional improvement. It also states chronic use of opioids can lead to dependence and addiction. According to the patient's medical records it does not state the patient has functional improvement with Norco usage and thus is not medically necessary.

**Urine Drug Screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines

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

**Decision rationale:** Based on guidelines drug screens are recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs, adherence to a prescription drug regimen or to diagnose misuse, addiction. According to the medical records there is no documentation as to why urine drug screen is needed and thus not medically necessary.