

<b>Case Number:</b>	CM14-0192673		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	11/04/2008
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 44yo female who sustained an industrial injury on 11/04/2008. The mechanism of injury was not provided for review. Her diagnoses include neck and bilateral upper extremity pain. She continues to complain of neck and bilateral arm pain. On physical exam upper extremity strength for the deltoids, biceps, triceps, and wrist extensors was 5/5, however in the finger flexors of the bilateral hands +4/5 and intrinsic abductor pollicis brevis, 4/5. Sensation was decreased in the C5-C8 dermatomes. Treatment has consisted of medical therapy including opiates, hot/cold therapy, acupuncture, physical therapy, home exercise program, TENS unit and chiropractic. The treating provider has requested a urine drug screen and Norco 10/325, 1 po q 8 hrs # 90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toxicology-Urine Drug Screen Quantity:: Upheld**

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

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

**Decision rationale:** The patient's provider requested a urine drug screen. The patient is maintained on a medical regimen which includes an opiate medication, Norco. Per Chronic Pain Management Treatment Guidelines, urine screening is recommended in chronic pain patients to differentiate dependence and addiction with opioids as well as compliance and potential misuse of other medications. The claimant is maintained on chronic opiate therapy. There is no specific indication for the requested urine drug screen. There is no documentation indicating concerns for abuse, addiction or inadequate pain control. Medical necessity for the requested item is not established. The requested item is not medically necessary.

**Medication-Narcotic Norco 10/325; One Po Q8hrs Quantity:90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91-97.

**Decision rationale:** The documentation indicates the enrollee has been treated with chronic opioid therapy with Norco for pain control. Per California MTUS Guidelines, short-acting opioids such as Norco are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that she has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient has continued pain despite the use of short acting opioid medications. Medical necessity for Norco 10/325 has not been established. The requested treatment is not medically necessary.