

<b>Case Number:</b>	CM14-0193272		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	01/10/2008
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/31/2014
<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 Occupational Medicine 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:

Patient is a 70 year-old male with date of injury 01/10/2008. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/18/2014, lists subjective complaints as pain in the low back. Objective findings: Examination of the lumbar spine revealed tenderness to palpation over the paraspinal muscles with moderate to severe facet tenderness noted at the L3-S1 levels. Fabere's, Yeoman's, and Kemp's test were positive bilaterally. Range of motion was limited in all directions with pain. Decreased sensation along the left L4, bilateral L5 and left S1 dermatomes. Diagnosis: 1. Lumbar musculoligamentous strain/sprain 2. Lumbar disc disease 3. Lumbar radiculopathy 4. Lumbar facet syndrome 5. Sacroiliac joint arthropathy 6. Chronic pain 7. Sleep problems 8. Obesity. Patient underwent a urine drug screen on 06/23/2014 which was consistent. The medical records supplied for review document that the patient was first prescribed Norco on 09/18/2014, prior to that date he was taking Vicodin and Tramadol. Medications: 1. Norco 5/325 mg, #90 SIG: 1-2 tablets every 4-6 hours.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Norco 5/325 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen; Opioids, c.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little functional improvement over the course of the last several months. Norco 5/325 mg #90 is not medically necessary.

**1 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 Disability Guidelines (ODG), Criteria for Use of Urine Drug Testing

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

**Decision rationale:** The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. Therefore, the request is not medically necessary.