

<b>Case Number:</b>	CM15-0008794		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	03/10/2001
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 59 year old male, who sustained a work/ industrial injury on 3/10/01. The diagnoses have included chronic residual low back pain s/p lumbar fusion L4-5, L5-S1 (2005) and herniated nucleus pulposus L2-3, L3-4 and left knee surgery (2003). The injured worker has reported symptoms of low back pain that radiated to the lower extremities. Pain was rated 3-4/10 with medication and 8/10 without medication. Significant findings on exam noted lumbar paravertebral tenderness, lumbar flexion to 40 degrees, 10 degrees of lumbar extension, 30 degrees of lumbar bending, negative straight leg raise bilaterally, and intact lower extremity strength. Past medical history included tuberculosis, asthma, depression, ulcers, anxiety, lumbar fusion, psoriatic arthritis, and pulmonary fibrosis. Treatments included aquatic therapy, orthopedic consults, and medication. Treatment recommendations included continuation of the current medication regimen of Norco 7.5/325 mg. A Request for Authorization form was submitted on 11/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription of Norco 7.5/325mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized the above medication since at least 05/2014 without any evidence of objective functional improvement. There was also no frequency listed in the request. Given the above, the request is not medically appropriate.

**One (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, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

**Decision rationale:** California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behaviors should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no mention of non-compliance or misuse of medication. There is no indication that this injured worker falls under a high risk category that would require frequent monitoring. As such, the request is not medically appropriate.

**One (1) re-evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter (Chronic), Office Visits

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state, physician follow up can occur when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected. The injured worker has ongoing low back pain with a history of a spinal fusion. A request for a follow-up re-evaluation has already been authorized on

12/17/2014. The medical necessity for an additional evaluation has not been established. As such, the request is not medically appropriate.