

<b>Case Number:</b>	CM15-0008802		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	11/10/1995
<b>Decision Date:</b>	03/25/2015	<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, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 male, who sustained a work related injury on 11/10/95. The diagnoses have included lumbar disc displacement, degenerative disc disease, herniated nucleus pulposus L5-S1, sciatica, lumbosacral spondylosis, and lumbago. Treatments to date have included MRI lumbar spine, epidural steroid injections lumbar spine, and oral pain medications. The injured worker presented on 12/08/2014 for a followup evaluation with complaints of chronic low back pain. It was noted that the injured worker's urine toxicology reports consistently reveal evidence of THC and ETOH. The injured worker reported 7/10 severe pain with functional limitation. The current medication regimen includes Norco 10/325 mg, Effexor 75 mg, and ibuprofen 800 mg. Upon examination, there was axial low back pain, diminished flexion and extension with increased pain, 30 degree flexion, 10 degree extension and rotation, positive straight leg raise bilaterally at 30 degrees, and facet pain with associated symptoms. Recommendations at that time included continuation of the current medication regimen. A Request for Authorization form was then submitted on 12/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) Prescription of Norco 10/325mg #120 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management.

**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 injured worker 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 medications since 2012. There was no documentation of a failure of nonopioid analgesics. There is also no documentation of objective functional improvement. There is no frequency listed in the request. The current request for Norco 10/325 mg with 3 refills is not medically appropriate. Given the above, the request is not medically necessary at this time.

**1 Urine drug screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, and 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 was 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. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.