

<b>Case Number:</b>	CM15-0100555		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	10/30/1998
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 34-year-old male who reported an industrial injury on 10/30/1998. His diagnoses, and/or impressions, are noted to include recurrent lumbar disc herniation; lumbago; lumbar stenosis and radiculopathy; lumbar spondylolisthesis and foraminal stenosis causing compression onto nerve roots; and followed by 2 lumbar surgeries. His treatments have included an agreed medical evaluation on 11/2/2011; lumbar laminectomy, discectomy and fusion surgery; (8/13/13) failed and followed by re-do surgery with hardware removal; (2/3/14) with no relief in pain and no change in function; post-operative physical therapy not tolerated; post-surgical magnetic resonance imaging studies noting compression of the cauda equina resulting in poor control of urination; medication management effective; and rest from work. The progress notes of 5/15/2015 noted complaints of severe and excruciating pain in the lower back which radiated to the right lower extremity, with numbness, weakness, and an inverted ankle; recent symptoms of urinary dribbling and loss of urination control, causing significant anxiety; that Norco provided only symptomatic relief but allowed for some functional improvement; and that his pain caused a significant impact on his activities of daily living. The objective findings were noted to include an antalgic gait with listing to the right side, and use of a cane; a marked degree of spasms and guarding in the lumbar spine; palpable trigger points with positive twitch response; tenderness over the right sciatic notch and sacroiliac joint; hyperactive deep tendon reflexes; hypoaesthesia over the anterolateral aspect of the right leg; and decreased motor strength. The physician's requests for treatments were noted to include Norco and a urine drug screening.

## 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 #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Norco since at least October, 2014 without objective documentation of functional improvement or significant decrease in pain. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for 1 prescription of Norco 10/325mg #60 is determined to not be medically necessary.

### **1 urine drug screen: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section, Opioids Criteria for Use Section Page(s): 43, 112.

**Decision rationale:** The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. Per the Official Disability Guidelines (ODG), urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws. The injured workers request for continued use of Norco was determined to not be medically necessary, so urine drug testing would not be indicated. The request for 1 urine drug screen is determined to not be medically necessary.