

<b>Case Number:</b>	CM15-0019476		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	10/15/2014
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: 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 51-year-old female who reported an injury on 06/27/2005 due to an unspecified mechanism of injury. On 12/19/2014, she presented for a follow-up evaluation. She reported frequent moderate to severe headaches radiating into the left eye and frequent moderate dull achy neck pain and stiffness radiating into the bilateral upper trapezius muscles with associated numbness, tingling and weakness. She also reported low back pain radiating into the lower extremities with associated numbness, tingling and weakness. A physical examination shows cervical spine range of motion was decreased and painful with +3 tenderness to palpation of the cervical paravertebral muscles and bilateral trapezius. Shoulder depression causes pain bilaterally. The range of motion with the thoracic spine was decreased and painful with +3 tenderness to palpation of the thoracic paravertebral muscles. Kemp's test caused pain and the lumbar spine showed range of motion was decreased and painful with a 2 inch surgical scar present. There was +3 tenderness to palpation of the lumbar paravertebral muscles, Kemp's caused pain bilaterally. Left and right shoulder range of motion was also noted to be decreased and painful with +3 tenderness to palpation. Supraspinatus test caused pain. Examination of the left and right elbow also showed decreased and painful range of motion with +3 tenderness to palpation and painful Phalen's sign. Examination of the left and right wrist showed decreased and painful range of motion with +3 tenderness to palpation and a painful Phalen's. Right knee showed decreased and pain range of motion with +3 tenderness to palpation of the anterior knee and a McMurray's test that caused pain. Right ankle examination was noted to be decreased and painful with +3 tenderness to palpation of the lateral ankle and a painful anterior and posterior

drawer sign. The treatment plan was for a refill of Norco 5/325 mg and refill of methadone and Terocin patches as well as a urinalysis. The rationale for treatment was not provided.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Refill Norco 5/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation ODG Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines indicate that ongoing review and documentation of pain relief, functional status, and appropriate medication use and side effects should be performed during opioid therapy. The documentation provided does not show that the injured worker has had a quantitative decrease in pain or an objective improvement in function with the use of her medications to support the continuation. Also, no official urine drug screens or CURES reports were provided for review to validate her compliance with her medication regimen. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

**Refill Terocin patches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

**Decision rationale:** The California MTUS Guidelines indicate that typical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation provided does not show that the injured worker has tried and failed recommended oral medications or that she is intolerant of oral medications to support the request of topical analgesic. Also, the frequency of the medication and quantity of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

**Refill Mentherm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

**Decision rationale:** The California MTUS Guidelines indicate that typical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation provided does not show that the injured worker has tried and failed recommended oral medications or that she is intolerant of oral medications to support the request of topical analgesic. Also, the frequency of the medication and quantity of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

**Urinalysis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend urine drug screens for those who are taking medications that require them when there is evidence of abuse, addiction or poor pain control. The documentation provided does not show that the injured worker was taking any medications. There is a lack of documentation showing that the injured worker is showing issues of abuse, addiction or signs of aberrant drug taking behaviors to support the request for a urinalysis. Also, further clarification is needed regarding the injured worker's last urinalysis, and when it was performed. Without this information, an additional urinalysis would not be supported. Therefore, the request is not supported. As such, the request is not medically necessary.