

<b>Case Number:</b>	CM15-0136847		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	04/06/2004
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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

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 (IW) is a 44-year-old male who sustained an industrial injury 04/06/2004. Diagnoses/impressions include neck pain; displacement of cervical intervertebral disc without myelopathy; low back pain; displacement of lumbar intervertebral disc without myelopathy; headache; and disorder of back. Treatment to date has included medications, epidural steroid injection, facet nerve blocks and radiofrequency neurotomies. According to the progress notes dated 5/28/15, the IW reported ongoing pain in the cervical spine, the low back and the right lower extremity. He also reported the radiofrequency neurotomies performed on 2/18/15 continued to provide 75% pain relief from his left neck pain and headaches. He returned to full work duties on 5/17/15. On examination, motor strength was 5/5 in all extremities. Sensation was decreased in the C7 and C8 dermatomes on the right. Babinski reflexes were absent bilaterally. Range of motion (ROM) of the cervical spine was reduced and the motion was painful on extension and increased with axial loading in extension, greater on the right. ROM of the lumbar spine was normal with pain at the extremes of flexion and extension. A request was made for retrospective review for Norco 5/325mg, #60 (DOS 1/6/15) and retrospective review for one urine drug screen (DOS 2/3/15).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Norco 5/325mg #60 (DOS: 1/6/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**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 for an extended period 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 retrospective request for Norco 5/325mg #60 (DOS: 1/6/2015) is determined to not be medically necessary.

**Retrospective request for one (1) urine drug screen (DOS: 2/3/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing (UDT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Testing (UDT).

**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. In this case, a urine drug screen was conducted in November and December 2014. The drug screens were consistent with prescribed medications and there was no evidence of aberrant behavior. The injured worker appears to be at a low risk for abuse, therefore, the request for retrospective request for one (1) urine drug screen (DOS: 2/3/2015) is determined to not be medically necessary.