

<b>Case Number:</b>	CM15-0141373		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	01/02/2012
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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, 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 52 year old female who sustained an industrial injury on 1-2-12. The injured worker was diagnosed as having cervical spine sprain-strain with C3-C4 disc protrusion and cervical radiculopathy. Currently, the injured worker reported cervical spine pain with radiation to bilateral upper extremities and bilateral wrist pain. Previous treatments included transcutaneous electrical nerve stimulation unit, topical patches, oral pain medication, wrist braces, epidural steroid injection, acupuncture treatment, chiropractic treatments, physical therapy, and self-directed stretching. Previous diagnostic studies included electrodiagnostic studies, magnetic resonance imaging and radiographic studies. The injured work status was noted as working with modifications. The injured workers pain level was noted as ranging from 0 to 2 out of 10 with treatment to 7 out of 10 without treatment. Physical examination was notable for bilateral cervical paraspinous tenderness from C3 to T1, decreased grip strength, left greater than right. The plan of care was for Norco 10-325 milligrams quantity of 60 and a urine drug screen. An appeal letter dated July 9, 2015 identifies that the patient has improved ability to function and continues to work with modifications as a result of functional improvement related to opioid therapy. The patient uses the medications sparingly and state database queries have been consistent a urine drug screen is currently being requested for monitoring purposes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. In light of the above, the currently requested Norco is medically necessary.

**Urine drug screen:** Overturned

**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 Page(s): 76-79 and 99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter Urine Drug Testing.

**Decision rationale:** Regarding the request for a urine toxicology test (UDS), CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, it appears the patient is on controlled substance medication. Additionally, there is no identification of a recent urine drug screen. As such, the currently requested urine toxicology test is medically necessary.