

<b>Case Number:</b>	CM15-0146644		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	02/17/2011
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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: Massachusetts

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:

This injured worker is a 50-year-old male who reported an industrial injury on 2-17-2011. His diagnoses, and or impression, were noted to include: chronic low back pain; lumbar annular tear; left lumbar foraminal subtle disc; lumbar spine myofascial pain syndrome ; left knee pain with meniscal and posterior horn tears, status-post surgical repair on 7-12-2011; and right knee pain, possibly due to over-compensation and Osgood-Schlatter's disease. No current imaging studies were noted. His treatments were noted to include: a qualified medical examination (7-10-13); physical therapy; medication management with toxicology screenings; and rest from work. The progress notes of 6-30-2015 reported ongoing low back and bilateral knee pain; the need for refills of his medications; and that, approximately 23 days prior, he had been hit by a slow-moving vehicle which resulted in significant pain in his knees, left > right. Objective findings were noted to include left knee edema and a slow gait with use of cane. The physician's requests for treatments were noted to include the continuation of Norco and a random urine drug screening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10-325mg 6/day #180:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work injury in February 2011 and is being treated for ongoing low back and bilateral knee pain. Medications are referenced as decreasing pain from 8/10 to 5/10 and allowing for activities including exercise. Urine drug screening in September 2014 had been consistent with the prescribed medications. When seen, he had been struck by a car as a pedestrian since the previous visit. He was ambulating slowly and using a cane. There was left knee edema. Medications were refilled. Urine drug screening was performed. The total MED (morphine equivalent dose) was 60 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain and improved activity tolerance. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing is medically necessary.

**Norco 10-325mg #180, DND until 7-30-15:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work injury in February 2011 and is being treated for ongoing low back and bilateral knee pain. Medications are referenced as decreasing pain from 8/10 to 5/10 and allowing for activities including exercise. Urine drug screening in September 2014 had been consistent with the prescribed medications. When seen, he had been struck by a car as a pedestrian since the previous visit. He was ambulating slowly and using a cane. There was left knee edema. Medications were refilled. Urine drug screening was performed. The total MED (morphine equivalent dose) was 60 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain and improved activity tolerance. The total MED is less than 120 mg per day consistent with guideline recommendations. According to the California Medical Board Guidelines for Prescribing Controlled Substances for Pain, patients with pain who are managed with controlled substances should be seen monthly, quarterly, or semiannually. The request is medically necessary.

**UA drug screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, p77-78 Page(s): 77-78.

**Decision rationale:** The claimant sustained a work injury in February 2011 and is being treated for ongoing low back and bilateral knee pain. Medications are referenced as decreasing pain from 8/10 to 5/10 and allowing for activities including exercise. Urine drug screening in September 2014 had been consistent with the prescribed medications. When seen, he had been struck by a car as a pedestrian since the previous visit. He was ambulating slowly and using a cane. There was left knee edema. Medications were refilled. Urine drug screening was performed. The total MED (morphine equivalent dose) was 60 mg per day. Criteria for the frequency of urine drug testing include evidence of risk stratification. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, by physical examination, or on the previous urine drug test result that would be inconsistent with the claimant's prescribed medications. This request for urine drug screening less than one year after the previous testing is not medically necessary.