

<b>Case Number:</b>	CM15-0146738		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	11/13/2012
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/22/2015
<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: California, Indiana, New York  
 Certification(s)/Specialty: Internal 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 was a 49 year old female, who sustained an industrial injury, November 13, 2012. The injured worker was setting up photo equipment when the injure worker noted a camera stand was falling due a broken leg. The injured worker ran to grab the stand and became tangled in the equipment, causing the injured worker to fall with the equipment coming down on her. The injured worker previously received the following treatments Vicodin, Norco, Flexeril, Voltaren, Omeprazole, left shoulder MRI and left paracervical and trapezium trigger point injections. The injured worker was diagnosed with neck strain and or sprain, brachial plexus lesions, carpal tunnel syndrome, degeneration of cervical intervertebral disc, cephalgia, disorders of the bursa tendon of the shoulder region and medial epicondylitis of the elbow. According to progress note of July 8, 2015, the injured worker's chief complaint was upper back, neck pain with associated headaches and left shoulder pain. The injured worker also had pain in the left elbow, wrist and hand. The physical exam noted pain range of motion of the cervical neck, left shoulder and upper back. There was tenderness with palpation over the bilateral C5-C6 and C6-C7, left upper trapezius, left levator scapula and left rhomboid. There was decreased sensation and paresthesia over the entire left palm, all digits of the left hand, left radial and half of the forearm. There was tenderness of the thoracic spine with palpation over the left and midline at T7-T8 through T10-T11. The examination of the left shoulder revealed tenderness over the lateral deltoid, levator scapula, upper trapezius, subacromial bursa, and rhomboid and biceps tendon. The left wrist had tenderness over the extensor muscle bellies forearm. There was a positive Tinel's sign over the left ulnar nerve. There was decreased sensation of the left wrist and hand and paresthesias of the entire left palm, all digits of the left hand, left radial and half

of the forearm. There was positive Tinel's sign of the median nerves. The treatment plan included prescriptions for Norco and urine toxicology drug screening.

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

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

**Norco 7.5/325mg:** Upheld

**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 Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 7.5/325mg is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are cervical sprain strain with chronic myofascial pain; cervical spine underlying degenerative disease; left shoulder full thickness tear supraspinatus; and bilateral carpal tunnel per EMG and NCV. The date of injury was November 13, 2012. The request for authorization is July 15, 2015. A trial of Norco 5 mg was started April 9, 2015. The most recent progress note in the medical record dated July 7, 2015 subjectively states the injured worker has shoulder pain, neck pain that radiates to the arms. Objectively, there is decreased range of motion. The worker received trigger points to the trapezius muscles with 60% to 70% relief for weeks today and the injured worker has reduced the use of medications. There is no documentation in the medical record reduced opiate usage. The treatment plan contains a renewal for Norco 5/325mg. The request for authorization contains a request for Norco 7.5/325mg. Additionally, urine drug screens dated April 9, 2015 and July 7, 2015 were both negative for Norco. There was no clinical discussion in the medical record of the drug inconsistency. Urine drug screens indicate the injured worker is not taking Norco as directed. Additionally, the treating provider requested Norco 7.5mg (request for authorization), but the progress note documentation from July 7, 2015 shows a continuation of Norco 5/325mg. There are no detailed pain assessments in the medical record. There are no risk assessments and medical record. There is no documentation demonstrating objective functional improvement to support ongoing Norco. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, urine drug screens negative for Norco, and documentation

inconsistencies between Norco 7.5mg (RFA) and Norco 5 mg July 7 progress note, Norco 7.5/325mg is not medically necessary.

**UDS testing - urinary drug screen:** Upheld

**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 Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, UDS testing - urinary drug screen is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances for busy workers, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. In this case, the injured worker's working diagnoses are cervical sprain/strain with chronic myofascial pain; cervical spine underlying degenerative disease; left shoulder full thickness tear supraspinatus; and bilateral carpal tunnel per EMG and NCV. The date of injury was November 13, 2012. The request for authorization is July 15, 2015. A trial of Norco 5 mg was started April 9, 2015. The most recent progress note in the medical record dated July 7, 2015 subjectively states the injured worker has shoulder pain, neck pain that radiates to the arms. Objectively, there is decreased range of motion. The worker received trigger points to the trapezius muscles with 60% to 70% relief for weeks today and the injured worker has reduced the use of medications. There is no documentation in the medical record of reduced opiate usage. The treatment plan contains a renewal for Norco 5/325mg. The request for authorization contains a request for Norco 7.5/325mg. Additionally, urine drug screens dated April 9, 2015 and July 7, 2015 were both negative for Norco. There was no clinical discussion in the medical record of the drug inconsistency. Urine drug screens indicate the injured worker is not taking Norco as directed. Additionally, the treating provider requested Norco 7.5mg (request for authorization), but the progress note documentation from July 7, 2015 shows a continuation of Norco 5/325mg. The treating provider did not address two prior inconsistent urine drug screens. There was no clinical indication in the medical record for increasing the dose of Norco 5 mg to 7.5 mg based on the inconsistent documentation in the medical record (request for authorization and progress note July 7, 2015). There is no documentation of aberrant drug-related behavior, drug misuse or abuse. There are no risk assessments in the medical record. The negative urine drug screens indicate the injured worker is not taking Norco 5 mg. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, UDS testing - urinary drug screen is not medically necessary.

