

<b>Case Number:</b>	CM15-0165079		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	10/27/2014
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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 41 year old male, who sustained an industrial injury on October 27, 2014. He reported falling off a ladder with progressive onset of pain in the neck, lower back, left upper extremity, and left lower extremity. The injured worker was diagnosed as having cervical radiculopathy, cervical facet syndrome, lumbar radiculopathy, low back pain, shoulder pain, lateral epicondylitis, hip bursitis, and wrist pain. Treatments and evaluations to date have included bracing, physical therapy, epidural steroid injection (ESI), MRI, x-rays, trigger point injections, and medication. Currently, the injured worker reports neck pain, back pain radiating from the low back down the left leg, and left shoulder pain. The Primary Treating Physician's report dated July 14, 2015, noted the injured worker rated his pain with medications as 6 on a scale of 1 to 10, and 8 on a scale of 1 to 10 without medication. The injured worker reported his activity level unchanged with his pain level remaining stable. The injured worker reported his pain medications helped to keep his pain level under control. The injured worker's current medications were listed as Duloxetine, Ibuprofen, Norco, Capsaicin cream, Etodolac, and Voltaren gel. The physical examination was noted to show the cervical spine with restricted range of motion (ROM), spasm and tenderness to the paravertebral muscles, tenderness at the paracervical muscles and trapezius, and positive cervical facet loading on the left side. The lumbar spine was noted to have restricted range of motion (ROM) with tenderness to palpation and spasm noted on the left paravertebral muscles, left side facet loading positive, and left side positive straight leg raise. The left shoulder was noted to have restricted movements with tenderness to palpation noted in the biceps groove, glenohumeral joint and subdeltoid bursa. The

left elbow was noted to have tenderness to palpation over the lateral epicondyle, and tenderness to palpation over the left ulnar side of the wrist was noted. The treatment plan was noted to include a request for an orthopedic referral, and medications including Norco, Cymbalta, and Motrin, with a urine toxicology screen and a psychologist consultation.

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

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** Based on the 7/14/15 progress report provided by the treating physician, this patient presents with neck pain, low back pain radiating down left leg, and left shoulder pain, overall pain rated 6/10 with medications and 8/10 without medications. The treater has asked for NORCO 10/325MG #60 on 7/14/15. The request for authorization was not included in provided reports. The patient states that activity level has remained the same, and states the medications are working well with no side effects per 7/14/15 report. The patient is s/p EMG of bilateral upper extremities on 7/8/15, and is scheduled for EMG of bilateral lower extremities per 7/14/15 report. The patient is s/p X-ray of left wrist from 10/29/14 with no acute fracture per 6/16/15 report. The patient is s/p MRI of left shoulder, 8 sessions of physical therapy for left elbow/wrist with no relief, and trigger point injection to left shoulder blade with gave no significant relief per 6/16/15 report. The patient was previously placed on modified duty but patient was unable to perform modified work, and was subsequently placed on temporarily totally disability per 7/14/15 report. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." The treater does not discuss this request in the reports provided. Patient has been taking Norco since 3/19/15 and in reports dated 6/16/15 and 7/14/15. The patient states that his medications which include Norco, keep pain level under control per 6/16/15 report. However, the treater does not make specific mention of Norco's efficacy. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of

daily living. No validated instrument is used to show analgesia. A prior UDS on 5/19/15 report showed negative for Norco although it was prescribed, as the patient had been denied it and prescription was not filled per 6/16/15 report. A CURES report on 2/19/15 report showed no other opiates from other providers. However, no opioid contract was provided. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Therefore, the request IS NOT medically necessary.

**Urine drug screen, quantity: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter under Urine Drug Testing.

**Decision rationale:** Based on the 7/14/15 progress report provided by the treating physician, this patient presents with neck pain, low back pain radiating down left leg, and left shoulder pain, overall pain rated 6/10 with medications and 8/10 without medications. The treater has asked for URINE DRUG SCREEN, QUANTITY 1 on 7/14/15. The request for authorization was not included in provided reports. The patient states that activity level has remained the same, and states the medications are working well with no side effects per 7/14/15 report. The patient is s/p EMG of bilateral upper extremities on 7/8/15, and is scheduled for EMG of bilateral lower extremities per 7/14/15 report. The patient is s/p X-ray of left wrist from 10/29/14 with no acute fracture per 6/16/15 report. The patient is s/p MRI of left shoulder, 8 sessions of physical therapy for left elbow/wrist with no relief, and trigger point injection to left shoulder blade with gave no significant relief per 6/16/15 report. The patient was previously placed on modified duty but patient was unable to perform modified work, and was subsequently placed on temporarily totally disability per 7/14/15 report. MTUS pg 43, Drug Testing Section states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC, Pain chapter under Urine Drug Testing states: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. 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." The patient had a prior urine drug screen on 5/19/15 that came out inconsistent (negative to Norco), as the patient had been denied Norco per 6/16/15 report. The treater mentions the prior urine drug screen in requesting 7/14/15 report, and states that the current request is retrospective. The treater has not provided the patient's risk assessment. The patient had a prior urine drug screen on 1/22/15 that came out consistent with prescribed medications. ODG recommends urine drug screens on a yearly basis if the patient is at low risk. There is no indication from the treater that this patient is a moderate/high risk for abuse or misuse. The request IS NOT medically necessary.