

<b>Case Number:</b>	CM15-0184528		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	10/01/2007
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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 is a 63 year old female who sustained an industrial injury on October 01, 2007. Pain management follow up dated September 04, 2015 reported subjective complaint of: "long acting Morphine was causing a stomach upset." She continues to report "pain over the left wrist area, which helped but pain has returned." Medication regimen consisted of: Norco, MS Contin, Tizanidine, naproxen, Omeprazole, Bupropion, and Lorazepam. A recent primary treating office visit dated August 07, 2015 reported subjective complaint of "cervical pain, radiating to both upper extremities, lower back pain radiating to lower extremities on right side." Prior problems consisted of: DeQuervain's tenosynovitis, left; neck strain and sprain; failed cervical neck surgery syndrome; myofascial pain syndrome, and failed lumbar back surgery syndrome. The plan of care is to continue with physical therapy to include home exercise, moist heat and stretches. The following were prescribed this visit: Tizanidine, Morphine Sulphate ER, and MS Contin. There is also note of patient scheduling for injection administration. At pain management follow up dated August 04, 2015 the worker had subjective complaint of: "cervical pain, radiating to both upper extremities, lower back pain, radiating to lower extremities on right side." She reports "Tizanidine is helping her." She has tried Flexeril but had a dry mouth; also tried Robaxin but had dizziness and nausea. Her "shoulder and arm are painful" as well as her "lower extremities." She has "severe pain on the left hand and wrist." Pain "interferes with function and activities of daily living." The plan of care noted changing from Norco to Morphine Sulphate IR and MS Contin; requesting left De-Quervain's injection and urine screen. Active medications at primary follow up dated July 15,

2015 consisted of: Tizanidine, Norco, Naproxen, Omeprazole, Bupropion, and Lorazepam. On September 08, 2015 a request was made for MS Contin 30mg #10, and Norco 10mg 325mg #20 which were modified to MS Contin30mg #50 and Norco 10mg 325 mg #40. On September 15, 2015 Utilization Review assessed case.

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

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

**Tox screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for use of urine drug testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

**Decision rationale:** The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. The patient had a tox screen in February of 2015, which was compliant. Tox screen is not medically necessary.

**MS Contin 30mg #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): Opioids for chronic pain.

**Decision rationale:** According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for either of the narcotics that the patient has been taking. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. MS Contin 30mg #60 is not medically necessary.

**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): Opioids for chronic pain.

**Decision rationale:** The MTUS recommends Norco for moderate to moderately severe pain. Opioids for chronic pain appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear, but also appears limited. If the patient does not respond to a time-limited course of opioids it is suggested that an alternate therapy be considered. For the on-going management of opioids there should be documentation of pain relief, functional improvement, appropriate use and side effects. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Norco 10-325mg #60 is not medically necessary.

**Referral:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

**Decision rationale:** According to the American College of Occupational and Environmental Medicine Occupational Medicine Practice Guidelines, 2nd Edition, the occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. The medical record lacks sufficient documentation and does not support a referral request. Referral is not medically necessary.