

<b>Case Number:</b>	CM15-0200467		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	01/17/2003
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 47 year old male, who sustained an industrial injury on 01-17-2003. Medical records indicated that the injured worker is undergoing treatment for acute flare up of lumbar pain with muscle spasm, status post revision of lumbar fusion at L5-S1, chronic low back pain status post multiple surgeries, left lower extremity radicular complaints, status post spinal cord stimulator trial ("failed"). Treatment and diagnostics to date has included lumbar spine MRI and medications. Recent medications have included Norco, Lyrica, Robaxin, and Sonata. Urine drug screen dated 06-25-2015 consistent with prescribed Hydrocodone. Subjective data (08-20-2015 and 09-17-2015), included low back pain and that pain medications reduce his pain level from "an 8 down to a 4". The treating physician noted that medication allows him to perform light exercise activity, light household chores, and light cooking and cleaning. Objective findings (09-17-2015) included increased muscle spasms, slight antalgic positioning, limited lumbar range of motion, positive bilateral straight leg raise test, and continued hyperesthesia in the left lower extremity. It is noted on 07-23-2015 and 09-17-2015 visits that random urine drug screens on 05-26-2015 and 06-25-2015 were "void of the Norco medication" and were retested at those visits. The request for authorization dated 09-17-2015 requested Norco 7.5-325mg 1 by mouth every 4 hours not to exceed 5 per day #150, Lyrica, Robaxin 500mg 1 by mouth twice daily #48, and urine drug screen testing. The Utilization Review with a decision date of 10-02-2015 modified the request for Norco 7.5-325mg #150 to Norco 7.5-325mg #112 and non-certified the request for Robaxin 500mg #48 and urine drug screen.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325mg #150:** Upheld

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

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

**Decision rationale:** Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of Norco is not substantiated in the records, therefore is not medically necessary.

**Robaxin 500mg #48:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to the muscle relaxant to justify use. The medical necessity of robaxin is not substantiated in the records, therefore is not medically necessary.

**Retrospective request for urine drug screen, quantity: 1, date of service: 09/17/2015:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, screening for risk of addiction (tests).

**Decision rationale:** Per the guidelines, urine drug screening may be used at the initiation of opioid use for pain management and in those individuals with issues of abuse, addiction or poor pain control. In the case of this injured worker, the records fail to document any issues of abuse or addiction or the medical necessity of a drug screen. The medical necessity of a urine drug screen is not substantiated in the records, therefore is not medically necessary.