

<b>Case Number:</b>	CM15-0206829		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	05/22/2003
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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 53-year-old male, who sustained an industrial injury on 5-22-2003. The injured worker was diagnosed as having left wrist pain, right shoulder pain, cervical radiculopathy, cervical herniated nucleus pulposus, and lumbar herniated nucleus pulposus. Treatment to date has included diagnostics, acupuncture, physical therapy, chiropractic, transcutaneous electrical nerve stimulation unit, lumbar spinal surgery 7-30-2015, and medications. Currently (9-14-2015), the injured worker complains of "stabbing pain, popping and clicking" above the left buttock, rated 6 out of 10, but reported, "The pain across my back is almost gone". He reported attending a class in the evenings but was unable to tolerate sitting during these sessions and wished to be provided an excuse from class. He also reported right shoulder pain with radiation down to his elbow, and pins and needles sensation to the left wrist, rated 5 out of 10. Pain was rated 6-7 out of 10 on 8-12-2015 in all areas. He had not worked since 2003. Allergies included Ultram. He reported that his post-operative pain decreased and was taking Norco four to five times daily (from 8-9 tablets daily on 8-12-2015), Flexeril, Naproxen, and Prilosec. He denied side effects. He reported that medication reduced his pain "moderately to significantly depending on his symptoms" and allowed him to sleep better. Exam noted that incision was clean and dry. There was tenderness to palpation at the cervical spine paraspinal muscles, thoracic bilateral paraspinal muscles, and bilateral lumbar paraspinal muscles (left side greater than right). Decreased range of motion was noted in the lumbar spine in all planes and sensation was decreased at the left C6 and right C8 dermatomes. Straight leg raise test and slump test were positive bilaterally. Urine toxicology from 2-09-2015 was

documented as consistent with prescribed medications and CURES report (9-14-2015) was consistent. Normal renal and hepatic function (6-16-2015) was documented. Naproxen was to be discontinued. The use of Norco was noted since at least 5-13-2015, at which time he reported taking 4 tablets daily. The treatment plan included Norco 10-325mg #120 and 1 urine drug screening, non-certified by Utilization Review on 9-26-2015.

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

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

**Urine drug screen:** 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:** MTUS Guidelines, Drug Testing Section, 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. Per report 09/14/15, the patient presents with chronic lower back pain. He also reported right shoulder pain with radiation down to his elbow, and pins and needles sensation to the left wrist, rated 5 out of 10. The patient is currently taking Norco four to five times daily, Flexeril, Naproxen, and Prilosec. He reported that medication reduced his pain "moderately to significantly depending on his symptoms" and allowed him to sleep better. He reported constipation secondary to medication use. Urine toxicology from 2-09-2015 was consistent with the medications prescribed. The current request is for a refill of medications, and a urine drug screen. There is no discussion regarding this patient being at moderate or high risk. Guidelines support yearly urine drug screening for low-risk patients such as this, and no rationale is provided as to why it is necessary to screen this patient more frequently. The request is not medically necessary.

**Norco 10/325mg #120:** 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:** MTUS Guidelines, criteria for use of opioids section, states, that pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a

numerical scale or validated instrument. Guidelines 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. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. 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." Per report 09/14/15, the patient presents with chronic lower back pain. He also reported right shoulder pain with radiation down to his elbow, and pins and needles sensation to the left wrist, rated 5 out of 10. The patient is currently taking Norco four to five times daily, Flexeril, Naproxen, and Prilosec. He reported that medication reduced his pain "moderately to significantly depending on his symptoms" and allowed him to sleep better. He reported constipation secondary to medication use. Urine toxicology from 2-09-2015 was documented as consistent with prescribed medications and CURES report from 09/14/15 was consistent. The current request is for a refill of medications, and a urine drug screen. This patient has been prescribed Norco since 05/13/15. The progress reports provided for review only document better sleep as a result of using Norco. No validated instrument is used to show decrease in pain and there are no documentation regarding changes in ADL's or significant functional improvement with utilizing Norco. None of the 4A's have been addressed, as required by MTUS for opiate management. Therefore, this request is not medically necessary.