

<b>Case Number:</b>	CM15-0211745		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	11/12/1999
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 59 year old female, who sustained an industrial injury on 11-12-99. The injured worker was diagnosed as having lumbar facet arthropathy; sacroiliitis; chronic intractable neuropathic lumbosacral pain syndrome; L1 compression fracture with multi-level disc bulge and neural foraminal stenosis; chronic opioid therapy. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 10-20-15 indicated the injured worker complains of low back pain radiating into the left buttock area. The patient continues home exercise program and is not working. She reports she is currently utilizing Norco 6-8 tables per day for pain and Motrin 1 time a day for inflammation. She denies any side effects from her medication. The provider notes "functional improvement and improvement of pain with her current medications regimen. The patient rates her pain at 4 out of 10 with the use of medication. Without pain medication she rates her pain at 9 out of 10. She notes improvement with activities of daily living as well as increased ability to sit, stand, walk and sleep as a result of her current medication usage." The provider notes she has signed an opioid treatment agreement and urine drug screening test will be performed on the next visit for medications compliance. A PR-2 noted dated 9-22-15 indicates the injured worker complains of continued low back pain that radiates down into the left leg. She reports she is not working and cancelled her last 2 acupuncture treatments due to they were not helping her. She reports taking Norco 2 tablets 3-4 times a day for pain and Motrin 1 tablet 1-2 times a day. The provider documents "She is noting functional improvement and improvement in pain with her current medication regimen. The patient rates her pain at 6-7 out of 10 with the use of medication. She rates her pain at 9 out of 10 without the

use of medication." A PR-2 note dated 8-21-15 is same to similar in documentation of medications usage and intensity of pain scale. A Request for Authorization is dated 10-28-15. A Utilization Review letter is dated 10-26-15 and NON-CERTIFICATION for Norco 10-325mg

#240 and MODIFIED THE CERTIFICATION for: Urine drug screen, CPT code G0434, other than chromatographic; any number of drug classes, by clia waived test or moderate complexity test, per patient encounter TO ALLOW a Urine drug screen, CPT code G0434, other than chromatographic; any number of drug classes, by clia waived test or moderate complexity test, per patient encounter, x1 unit. A request for authorization has been received for Urine drug screen, CPT code G0434, other than chromatographic; any number of drug classes, by clia waived test or moderate complexity test, per patient encounter And Norco 10-325mg #240.

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

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

**Urine drug screen per patient encounter:** Upheld

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

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

**Decision rationale:** The claimant is a 59 year-old female with date of injury of 11/12/1999 with chronic low back pain. The request is for a urine drug screen (UDS). CA MTUS Guidelines supports UDS when prescribing opioids. The claimant had a previous UDS on 7/31/2014 which was consistent. There is no documentation of aberrant behavior or documentation that the claimant is anything other than low risk. Therefore a UDS is not medically necessary or appropriate at this time.

**Norco 10/325mg #240:** Upheld

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

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

**Decision rationale:** Norco is an opioid medication indicated for relief of moderate to severe pain and is recommended for short-term use. Long-term use may be appropriate if there is documented relief of pain and functional improvement. In this case, there is no documentation of objective functional benefit to support the claimant's and provider's reports of subjective functional benefit There are also no documented attempts at weaning/tapering the claimant from the opioid and no risk assessments submitted for review. Therefore the request is not medically necessary or appropriate.