

<b>Case Number:</b>	CM15-0039331		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	08/21/2000
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 male, who sustained an industrial injury on 8/21/2000. He has reported knee injury with pain after jumping down from the side of a truck at work. The diagnoses have included sciatica, lumbar spondylolisthesis with chronic axial back pain and chronic knee pain with internal derangement. Treatment to date has included medications, diagnostics, surgery, lumbar epidural block, conservative measures. Surgery has included right knee arthroscopy on 2/22/01. Currently, as per the physician progress note dated 2/4/15, the injured worker complains of chronic back and knee pain. He states that he takes Norco and it relieves the pain to 3-4/10 on pain scale and without the medication, the pain was rated 8/10. The physical exam revealed no swelling of the right knee, overweight, and normal exam of the bilateral lower extremities. It was noted that the injured worker has good pain relief with his medication and it allows him to remain functional with his activities of daily living (ADL's). The urine drug screen dated 4/30/14 was consistent with medications prescribed. Treatment plan was for urine drug screen and re-fill of Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown prescription of Norco, 3-month supply:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 63 year old male has complained of knee pain and low back pain since date of injury 8/21/00. He has been treated with epidural steroid injection, right knee surgery, physical therapy and medications to include opioids since at least 01/2014. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis, of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.

#### **1 Urine Drug Test: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction, Substance abuse (tolerance, dependence, and addiction).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; steps to avoid misuse Page(s): 89, 94.

**Decision rationale:** This 63 year old male has complained of knee pain and low back pain since date of injury 8/21/00. He has been treated with epidural steroid injection, right knee surgery, physical therapy and medications to include opioids since at least 01/2014. The current request is for a urine drug screen. No treating physician reports adequately address the specific indications for urinalysis toxicology screening. There is no documentation in the available provider medical records supporting the request for this test. Per the MTUS guidelines cited above, urine toxicology screens may be required to determine misuse of medication, in particular opioids. There is no discussion in the available medical records regarding concern for misuse of medications. On the basis, of the above-cited MTUS guidelines and the available medical records, urine drug screen is not indicated as medically necessary.