

<b>Case Number:</b>	CM15-0046433		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	12/14/2010
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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 55 year old female injured worker suffered an industrial injury on 12/14/2010. The diagnoses were internal derangement of knee low back pain with radiculitis, depression and chronic pain syndrome. The diagnostic studies were lumbar, right wrist, right knee and right elbow magnetic resonance imaging, and electromyography. The treatments were physical therapy, medications, TENS unit, H-wave and arthroscopy right knee. The treating provider reported muscle spasms of the low back and increased popping and clicking to the right knee. There was tenderness across the lumbar spine and tenderness of the right knee. The requested treatments were: 1. Random urine drug screen (Retro DOS 10/30/2014) Qty: 1.00. 2. Norco 10/325mg Qty: 120.00. 3. Protonix 20mg Qty: 60.00.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Random urine drug screen (Retro DOS 10/30/2014) Qty: 1.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43, 77. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

**Decision rationale:** The patient presents with pain and weakness in her lower back and lower extremity. The request is for Random Urine Drug Screen X1, Retro DOS 10/30/14. The review of the reports indicates that the patient has been on Norco and Tramadol ER. The patient underwent UDS on 01/02/15 with consistent results. The patient has not worked since 05/14/11. MTUS guidelines page 43 and page 77 recommend toxicology exam as an option, using a urine drug screen (UDS) to assess for the use or the presence of illegal drugs or steps to take before a therapeutic trial of opioids. While MTUS Guidelines do not specifically address how frequent Urine Drug Screening should be obtained for various risks of opiate users, ODG Guidelines, criteria for use of Urine Drug Screen, provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, the patient has been on Norco and Tramadol ER. None of the reports prior to the utilization review date on 10/30/14 indicate whether or not the patient has undergone UDS in the past. Given that the patient had not undergone UDS at least between 05/06/14 and 10/30/14 and the patient's chronic opiate use, the request is medically necessary.

**Norco 10/325mg Qty: 120.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with pain and weakness in her lower back and lower extremity. The request is for NORCO 10/325MG #120. Per 02/15/15 progress report, the patient is currently taking Norco, Gabapentin, Nalfon and Protonix. The patient has been utilizing Norco since at least 08/22/14. The patient has not worked since 05/14/11. Per 10/20/14 progress report, "She use Norco and Tramadol ER for pain which help to decrease her pain level providing relief and allowing her to be mobile." Regarding chronic opiate use, MTUS guidelines page and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's, 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. MTUS guidelines page 90 states that "Hydrocodone has a recommended maximum dose of 60mg/24 hours." In this case, the treater has addressed urine drug screening on 01/02/15. The treater provides a general statement indicating that "Norco.decrease her pain level providing relief and allowing her to be mobile." But the four A's including analgesia, ADL's, side effects, and other measures of aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be

weaned as outlined in MTUS guidelines. The request is not medically necessary.

**Protonix 20mg Qty: 60.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-selective NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** The patient presents with pain and weakness in her lower back and lower extremity. The request is for PROTONIX 20MG #60. Per 02/15/15 progress report, the patient is currently taking Norco, Gabapentin, Nalfon and Protonix. The patient has not worked since 05/14/11. MTUS guidelines page 69 recommends prophylactic use of PPI's when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID, e.g., NSAID + low-dose ASA. In this case, the patient has been utilizing Prilosec and Nalfon since at least 07/18/14. MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present. The review of reports does not show evidence of gastric problems, and there is no mention of GI issues to support use of Prilosec. Given the lack of documentation as required MTUS guidelines, the request is not medically necessary.