

<b>Case Number:</b>	CM15-0089671		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	12/28/2005
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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, 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 55-year-old male, who sustained an industrial injury on December 28, 2005, incurring left knee and left ankle injuries after twisting his left leg. Treatment included knee surgery with pin placement, narcotics, rest, ice, steroid injections and work restrictions. Currently, the injured worker complained of low back pain and gluteal pain, numbness, stabbing and throbbing. These symptoms were aggravated by standing, walking, daily activities and walking stairs. The treatment plan that was requested for authorization included a prescription for Norco and a urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**Decision rationale:** The date of injury in this claimant is 2005. The CA MTUS does recommend continued use of opioids for treatment of moderate to severe pain, with documentation of evidence of pain relief and functional improvement. In this case, there is evidence of pain relief with opioids, however there is no documentation of functional improvement. The MTUS states further that opioids have been suggested for neuropathic pain that has not responded to first-line agents (antidepressants, antiepileptics) and there is no recent evidence of the trials of these first-line agents. There are no trials for long-term use of opioids. Opioids are recommended for short-term pain relief only, as long-term efficacy is unclear. Therefore, this request is deemed not medically necessary.

**Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing Page(s): 13.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug screening Page(s): 43.

**Decision rationale:** CA MTUS recommends drug screening to assist in monitoring adherence to a prescription drug regimen to diagnose substance abuse/misuse and/or other aberrant drug-related behavior. This patient is being prescribed an opioid on a long-term basis and had a previous drug screen on 2/3/2015. The patient has not been stratified according to risk, but from the records certainly appears to be low risk about abuse/misuse. There are no signs of drug use/misuse in the records; therefore, it is not medically necessary to perform drug screens on such a frequent basis. UDS is recommended on an annual basis in such low risk individuals.