

<b>Case Number:</b>	CM14-0167836		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	04/26/2002
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

There were 65 pages provided for this review. The patient is described as a 31-year-old man injured back in the year 2002. He had a lumbar spine strain-sprain with spondylolisthesis at L4-L5-S1. He had an L4-L5-S1 spinal fusion as well. He also had neurogenic bladder. Since the patient's last office visit, he has been weaned off of Norco. He had a positive drug screen for amphetamines, an illicit drug. He has pain in his buttocks followed by his lower back pain and his upper back. There was an application for independent medical review signed on October 13, 2014. It was for Norco 10\325 mg 120 and also one urine drug screen. The patient was described as a 32-year-old male injured in 2002. He has chronic intractable low back pain. There was a prior lumbar laminectomy at L4-L5-S1. A recent MRI from August 2014 showed a grade 1 spondylolisthesis with right-sided foraminal encroachment on the exiting nerve root. He was previously prescribed Norco for pain control, but had that history of positive illicit amphetamine. The guidelines recommend discontinuation of Norco with evidence of illegal activity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

**Decision rationale:** In regards to the long term use of opiates, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not medically necessary.

**1 Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Regarding urine drug testing, the MTUS notes in the Chronic Pain section: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids and (4) On-Going Management; Opioids, differentiation: dependence and addiction; Opioids, screening for risk of addiction (tests); and Opioids, steps to avoid misuse/addiction. There is no mention of suspicion of drug abuse, inappropriate compliance, poor compliance, drug diversion or the like. There is no mention of possible adulteration attempts. The patient appears to be taking the medicine as directed, with no indication otherwise. It is not clear what drove the need for this drug test. The request is not medically necessary.