

<b>Case Number:</b>	CM14-0211198		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	03/17/2003
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

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

This is a 61-year-old female with a 3/17/03 date of injury. According to a progress report dated 12/9/14, the patient has had lumbar epidurals in the past, but no longer wished to proceed with interventional treatment options. She has been taking Soma 350mg QID and Norco 7.5/325mg up to 5 tablets per day as she did not have any significant benefit with the 10/325mg dosage. She has also been taking Naproxen and Protonix. She denied any side effects with the current regimen. She has completed 12 sessions of physical therapy with a goal of 50% reduction in muscle spasms and pain. Objective findings: tenderness to palpation over lumbar-sacral spine, pain with extension past neutral, lumbar paraspinal muscle spasm on the left and right, normal upper and lower extremities sensory exam. Diagnostic impression: chronic pain syndrome, lumbago, unspecified esophagitis, spasm of muscle, chronic migraine, insomnia, failed back surgery/postlaminectomy syndrome lumbar. Treatment to date: medication management, activity modification, ESI, and physical therapy. A UR decision dated 12/4/14 denied the requests for Norco and 1 urine drug screen. The patient has utilized Norco since at least 12/2012. Despite long-term use of this medication, the provided records fail to demonstrate significant functional improvement that can be attributed to its use. Objective findings remain essentially unchanged over the past several months. In addition, there is no evidence of improved pain using a numerical scale or validated instrument. Regarding urine drug screen, discontinuation of opioids has been recommended. As the weaning process should be complete and opioid use is no longer appropriate, urine screening was not considered appropriate.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 prescription of Norco 7.5/325mg #150:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the medical records provided for review, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, given the 2003 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. Therefore, the request for 1 prescription of Norco 7.5/325mg #150 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 ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines Drug Testing, Urine Testing in Ongoing Opiate Management Page(s): 43, 78.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. However, in the present case, the initial request for the opioid, Norco, was not found to be medically necessary. There is no documentation that this patient is currently taking another opioid medication. As a result, there is no medical necessity for urine drug screens to monitor for appropriate medication use. Therefore, the request for 1 urine drug screen is not medically necessary.