

<b>Case Number:</b>	CM15-0011399		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	09/19/2006
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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, Arizona

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 injured worker is a 59-year-old male who reported injury on 09/19/2006. The injured worker was noted to utilize opiates since at least 03/2011. The mechanism of injury was not provided. The injured worker underwent urine drug screens. The diagnoses included post L5-S1 ALIF on 08/25/2008, TDR at L4-5 on 05/10/2010, posterior bilateral decompression at L4-5 with undercutting semi-hemilaminotomy, foraminotomy and fixation on 07/18/2011 and an L4-5 revision fusion in 07/2012. There was a Request for Authorization submitted dated 12/16/2014. The documentation of 12/16/2014, revealed the injured worker was in the office for pain management. The injured worker indicated that the current Norco 7.5/325 mg has been more effective at decreasing his pain and increasing his function. The injured worker had a signed opioid agreement. The injured worker had a random urine drug screen on 09/04/2014 and had a CURES report on 11/20/2014 and was found to be consistent. The physical examination revealed chronic myofascial type muscular bands in the lumbar paraspinal musculature with active points and a jump response in the right quadratus lumborum. The straight leg raise was positive on the right at 75 degrees causing numbness and tingling and shooting pain into the leg, all the way down to the foot and traveled down the lateral aspect of the thigh and into the lateral aspect and dorsum of the foot. The injured worker had decreased range of motion. The diagnoses included abdominal pain, GERD, opioid induced constipation, depression and anxiety, insomnia, residual low back pain and right radicular pain and status post L4-5 anterior/posterior decompression and fusion with instrumentation. The treatment plan included continue Norco 7.5/325 mg twice a day #60, Neurontin 400 mg by mouth twice a day #60, Colace 2 tablets once

a day #60, Zanaflex 4 mg 1 tablet 3 times a day and a urine drug screen. The subsequent documentation in appeal dated 01/27/2015 revealed the injured worker would be reduced again on Norco 7.5/325 mg twice a day to 5/325 mg twice a day. The documentation indicated the injured worker had tried to discontinue his medication in its entirety, stopping for approximately 3 to 4 weeks, resulting in significant increase in pain, altered mood, increased anxiety and overall lower quality of life. The injured worker was encouraged to continue on a weaning schedule and utilize his low back brace. The documentation indicated the prior denial for the urine drug screen was due to the denial of Norco and that the injured worker was not weaning.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 7.5mg /325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Ongoing Management Page(s): 60; 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker is being monitored for aberrant drug behavior and side effects. However, there was a lack of documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 7.5 mg/325 mg is not medically necessary. Additionally, the subsequent documentation indicated the injured worker's medication would be changed to Norco 5/325. This would not support the necessity for the requested medication.

**Retrospective: Urine drug screen DOS: 12-16-2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend urine drug screens for injured workers who have documented issues of addiction, abuse or poor pain control. The clinical documentation submitted for review failed to indicate the injured worker had documented issues of addiction, abuse or poor pain control. The injured worker underwent a urine drug screen on 09/04/2014, which was found to be consistent with

medications prescribed. Given the above and the lack of documentation, the request for retrospective urine drug screen date of service 12/16/2014 is not medically necessary.