

<b>Case Number:</b>	CM15-0014711		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	01/27/2001
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 54 year old male, who sustained an industrial injury on January 27, 2001. He has reported multiple symptoms. The diagnoses have included lumbosacral neuritis. Treatment to date has included medications, laboratory evaluations, and pain pump. Currently, the IW complains of sharp, shooting pain of the lumbar spine, both upper extremities, and neck, with pain radiation to both legs. The records indicate he feels that Norco works well for his leg pain, while the pain pump works well for his back pain. The records indicate he has been prescribed Norco 10/325 since at least May 2014. On January 19, 2015, Utilization Review non-certified Norco 10/325 mg, quantity #60, and a urine drug screen, based on Chronic Pain Medical Treatment guidelines. On January 26, 2015, the injured worker submitted an application for IMR for review of Norco 10/325 mg, quantity #60, 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:

**1 Prescription for Norco 10/325mg, #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-going Management Page(s): 78 - 79.

**Decision rationale:** The injury was on 01/27/2001. In addition to Norco, he receives medication via a pain pump. For on-going opiate treatment there must be objective documentation of improved functionality with respect to the ability to do activities of daily living or work, there must be documented analgesia efficacy, monitoring for adverse effects and monitoring for drug seeking abnormal behavior. The documentation provided for review does not meet the above criteria and Norco is therefore determined as not medically necessary for this patient.

**1 Urine Drug Screen:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines Urine drug testing

**Decision rationale:** The injury was on 01/27/2001 and the patient has been provided long term opiate treatment and additional pain pump medication. There is no documented drug seeking abnormal behavior; the opiate received was prescribed. There were no signs of drug abuse or drug misuse outside of the prescribed drugs. Further patient urine drug testing is not indicated. As such the request is not medically necessary.