

<b>Case Number:</b>	CM15-0015545		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	02/19/2013
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: Ohio, North Carolina, Virginia  
 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:

This 35 year old male sustained a work related injury on 02/19/2013. According to a progress report dated 12/19/2014, the injured worker reported aggravation of right low back pain with right lower extremity radicular symptoms and some right lower extremity weakness. The injured work rated pain 8 on a scale of 0-10. The injured worker's last dose of Norco was on 12/18/2014 in the afternoon. Impression/Differential Diagnosis included right S1 radiculopathy, right paracentral disc protrusion at L4-L5 measuring 5 millimeters and displacing the right L5 nerve root, right paracentral disc protrusion at L5-S1 measuring 9 millimeters and displacing the right S1 nerve root and lumbar facet joint arthropathy. According to the provider, Norco provided an 80 percent decrease of the injured worker's pain with 80 percent improvement of activities of daily living such as self-care and dressing. The provider noted that the injured worker had an up to date pain contract and that the previous urine drug screen was consistent. Medication had no adverse effects on the injured worker and there were no signs of aberrant behavior with the medication. Ibuprofen provided 50 percent decrease in the injured worker's inflammatory pain with 50 percent improvement of activities of daily living such as self-care and dressing. There were no adverse effects. A 12 panel urine drug screen was performed. During a previous office visit dated 09/26/2014, the injured worker rated pain 5 on a scale of 0-10. His medication regimen at that time included Norco and Ibuprofen. On 01/23/2015, Utilization Review non-certified Norco 10/325mg, refill Norco 10/325mg, refill Norco 10/325mg, refill Norco 10/325mg, Ibuprofen 600mg, refill of Ibuprofen 600mg, refill of Ibuprofen 600mg and modified an in-office random 12 panel urine drug screen. According to the Utilization Review physician in

regard to Norco, there was no supporting evidence of objective functional improvement such as measurable increase in ranges of motion. There was no report of the inability to maintain work with reduction in medication use. There was no evidence of current urine drug screen result. CA MTUS Chronic Pain Treatment Guidelines, Opioids were cited. In regard to Ibuprofen, There was no supporting evidence of objective functional improvement such as measurable increase in ranges of motion. There was no report of the inability to maintain work with reduction in medication use. CA MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs were cited. In regard to the urine drug screen, it was considered reasonable to evaluate compliance with the treatment regimen and was modified to 10 panel random urine drug screen. CA MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines were cited. The decision was appealed for an Independent Medical Review.

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

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

**Norco 10/325mg QTY 60.00:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** Patients prescribed opioids chronically require ongoing monitoring of pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued if pain and functionality improve and/or the injured worker has regained employment. In this instance, 80% improvement in pain and 50% improvement in functionality is documented as a consequence of medication. The functional improvement has been measured over time using the Oswestry Disability Index. There is an updated opioid agreement and there has been no aberrant drug taking behavior. The lowest effective dose of medication is said to be prescribed. Therefore, Norco 10/325mg QTY 60.00 is medically necessary.

**Refill Norco 10/325mg QTY: 60.00:** Overturned

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

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**Ibuprofen 600mg QTY:60.00: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS  
Page(s): 67.

**Decision rationale:** Osteoarthritis (including knee and hip): NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. In this instance, medication efficacy is noted in the chart as well as the lowest doses of medication prescribed that are possible. The injured worker has osteoarthritis in the form of lumbar facet arthrosis. Therefore, Ibuprofen 600mg QTY:60.00 is medically necessary.

**Refill of Ibuprofen 600mg, QTY: 60.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** Osteoarthritis (including knee and hip): NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. In this instance, medication efficacy is noted in the chart as well as the lowest doses of medication prescribed that are possible. The injured worker has osteoarthritis in the form of lumbar facet arthrosis. Therefore, refill of Ibuprofen 600 mg QTY 60 is medically necessary.

**Refill of Ibuprofen 600mg, QTY: 60.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

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**In-office random 12-panel urine drug screen QTY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation Pain (Chronic)

**Decision rationale:** Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. This includes patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with comorbid psychiatric pathology. In this instance, the injured worker had a 'consistent' urine drug screen on 6-27-2014, roughly 6 months before the urine drug screen of 12-19-2014. The medical record indicates the injured worker is not at risk for aberrant drug taking behavior and therefore there is no reason to believe he is any class other than 'low risk'.

Patients in low risk categories do not require urine drug screening any more often than yearly. Therefore, an in-office random 12-panel urine drug screen QTY: 1.00 was not medically necessary.