

<b>Case Number:</b>	CM15-0120333		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	10/01/2001
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 56 year old male, who sustained an industrial injury on 10/1/01. He reported back pain with stiffness and spasms. Treatment to date has included physical therapy, medications, chiropractic care, steroid injection, radiofrequency lesioning, surgical intervention, activity modification and nerve conduction study. Currently, the injured worker complains of pain in his mid and lower back with intermittent numbness and tingling into the right buttock and upper right leg. The pain is rated 6-8/10. He reports sleep disturbance due to the pain. The injured worker is currently diagnosed with lumbar fusion L4-L5, L5-S1 and chronic pain syndrome. His work status is permanent and stationary. A note dated 12/30/14 states the injured worker engaged in physical therapy and chiropractic care, but did not experience any improvement. The note states the injured worker experienced relief from the radio frequency lesioning for approximately one year. The injured worker underwent a L4-L5 and L5-S1 fusion, but did not gain any therapeutic efficacy from it. A note dated 5/13/15 states the injured worker has diffuse spine facet tenderness bilaterally with the right greater than the left, decreased spine range of motion, which is painful with extension. He experiences low back pain when standing on his heels especially on the left side. He has a decreased sensation to touch on his lateral thighs bilaterally, weakness of the lower extremities (right greater than left) and an altered gait. The following medications and test are being requested, Norco 10/325 #120 (to be filled 5/28/15), Norco 10/325 #120 (to be filled 6/27/15) and 12 panel urine drug screen, to continue to help alleviate the injured workers chronic pain and monitor for use of the opioid medication.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120 to be filled 5/28/15:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

**Decision rationale:** With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did adequately document monitoring of the four domains. Improvement in function and pain reduction were noted in a progress note dated 5/13/2015. The patient did not report any side effects. Monitoring for aberrant behavior has been carried out, and urine drug testing was reported to be consistent with inclusions of results in the progress note. CURES database was checked for a recent patient activity report, and the worker was reminded about the office's early refills policy. Since the worker is not working, functionality can be assessed by other means such as performance of ADLs. Reportedly the patient was able to drive longer distances to court with the use of Norco. Given these factors, this request is medically appropriate.

**Norco 10/325mg #120 to be filled 6/27/15:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

**Decision rationale:** In this request, the provider is requesting for a post-dated prescriptions of Norco 10/325mg which would represent a one month supply. With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did

adequately document monitoring of the four domains. Improvement in function and pain reduction were noted in a progress note dated 5/13/2015. The patient did not report any side effects. Monitoring for aberrant behavior has been carried out, and urine drug testing was reported to be consistent with inclusions of results in the progress note. CURES database was checked for a recent patient activity report, and the worker was reminded about the office's early refills policy. Since the worker is not working, functionality can be assessed by other means such as performance of ADLs. Reportedly the patient was able to drive longer distances to court with the use of Norco. Given these factors, this request is medically appropriate.

**12-panel UDS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine toxicology Page(s): 76-79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing.

**Decision rationale:** Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option in patients on controlled substances. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. There risk stratification is an important component in assessing the necessity and frequency of urine drug testing. With the documentation available for review, there is documentation of prescription of controlled substances in Norco. Opioid Risk Tool assessment was performed as documented in a note from December 2014 and the patient is deemed low risk. There are some instances or questionable behaviors such as early refills or when the patient initially tried a neighbor's pain medication. However, given that the Norco provides benefit and requires monitoring, this request is medically necessary.