

<b>Case Number:</b>	CM15-0147309		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	11/10/2003
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: 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:

The injured worker is a 43 year old male, who sustained an industrial injury on November 10, 2003. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having lumbar spine surgeries times three, lumbar strain and insomnia. Treatment to date has included diagnostic studies, surgery, home exercise and medication. On July 14, 2015, the injured worker complained of aggravation of pain in the lumbar spine. He reported no change in pain from a prior exam. With the assistance of medication, the pain was noted to be tolerable as well as making the injured worker more functional. Notes stated that without his medication, his pain can go up to a 10 on a 1-10 pain scale. The treatment plan included medication, acupuncture, CT of the lumbar spine, home exercise and a follow-up visit. A request was made for unknown diowave class IV laser system therapy, Norco 10-325mg and one urine toxicology screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown dioWave class IV laser system therapy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Low-Level Laser Therapy (LLLT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Low-Level Laser Therapy (LLLT).

**Decision rationale:** According to the MTUS guidelines, Low-Level Laser Therapy (LLLT) is not recommended. The Official Disability Guidelines also do not recommend low level laser therapy. Given that laser therapy is currently not recommended per evidence based guidelines, this request is not supported. The request for Unknown dioWave class IV laser system therapy is not medically necessary and appropriate.

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Testosterone replacement for hypogonadism (related to opioids).

**Decision rationale:** The long term use of opioids is not supported per the MTUS guidelines for chronic non-malignant pain. The long term use of opioids leads to dependence, tolerance and hormonal imbalance in men. As noted in the MTUS guidelines, a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. In addition, despite the ongoing use of opioids, the medical records do not establish significant objective functional improvement. The medical records note that Utilization Review has allowed for modification for weaning purposes. The request for Norco 10/325mg #90 is not medically necessary and appropriate.

**1 Urine toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, criteria for use.

**Decision rationale:** The CA MTUS chronic pain medical treatment guidelines recommend the use of drug screening for patients with issues of abuse, addiction, or poor pain control. The MTUS guidelines recommend drug testing to assess for the use or the presence of illegal drugs. In this case, the medical records do not establish that there is concern for the aforementioned to support the request for urine drug screen. The request for 1 Urine toxicology screen is not medically necessary and appropriate.