

<b>Case Number:</b>	CM15-0039578		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	02/05/2002
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: Emergency Medicine

### 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 84 year old male, who sustained an industrial injury on February 5, 2002. The injured worker has been treated for low back, right hip and left knee complaints. The diagnoses have included right lumbar radiculopathy, left knee strain, left knee medial meniscus tear, right hip pain, gastroesophageal reflux disease and insomnia. Patient is reportedly post lumbar fusion on 9/2002. Treatment to date has included medications, radiological studies, back brace, cane, a home exercise program, knee injections, low back surgery and left knee surgery. Current documentation dated January 26, 2015 notes that the injured worker reported low back, left knee and right hip pain. The injured worker was noted to have difficulty performing activities of daily living due to the pain. Examination of the lumbar spine revealed tenderness, spasms and a decreased range of motion. A straight leg raise test was positive bilaterally. Left knee examination revealed moderate tenderness and a decreased range of motion. Right hip examination revealed tenderness over the donor site of the iliac crest where the bone was taken for his lumbar fusion. He also noted pain in the right gluteal area and hip area. The provider sent extensive progress notes but there is no documented urine testing results on the last 6 progress notes or any urine drug screening reports provided. The treating physician's plan of care included a request for the medication Norco 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:

**Prescription of Norco 7.5/325mg, #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

**Decision rationale:** Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Provider has consistently failed to document necessary objective improvement in pain and function to support continued use of Norco. Patient has pain ranging from 6-10/10 with medications. There is no documentation of any objective improvement in pain, only subjective claims of improvement in function. Provider claims that the reason patient has increased pain is due to patient not "getting medications for months" although prior progress notes do not mention patient not being able to get medications. The provider has also failed to document long term plans for opioid therapy. The lack of appropriate documentation as per MTUS guidelines do not support continued Norco use. Norco is not medically necessary.

**One urine toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing- (Opiates, steps to avoid misuse/addiction). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Criteria for the Use of Urine Drug Testing.

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

**Decision rationale:** As per MTUS Chronic pain guidelines, drug screening may be appropriate as part of the drug monitoring process. Primary requesting physician for Urine drug test does not document monitoring of CURES and asking questions concerning suspicious activity or pain contract. There is no documentation from the provider concerning patient being high risk for abuse. While there are other prior UDS requests, there is no documentation of results and when last UDS was performed. The lack of documentation concerning risks and prior results does not support request for urine toxicology screen. Urine Drug Screen is not medically necessary.