

<b>Case Number:</b>	CM15-0071186		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	10/11/2012
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: Preventive Medicine, Occupational 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 a 51 year old female, who sustained an industrial injury on 10/11/2012. She has reported subsequent neck, shoulder, back and upper extremity pain and was diagnosed with cervical spine sprain/strain, cervical disc herniation, lumbar spine sprain/strain and right upper extremity radiculitis. Treatment to date has included oral and topical pain medication. In a progress note dated 03/04/2015, the injured worker complained of bilateral shoulder, right wrist, neck and low back pain. The injured worker also complained of pain in the urinary tract. Objective findings were notable for tenderness to palpation of the right shoulder, cervical spine and lumbar spine with reduced range of motion. A request for authorization of Norco, a home health physical therapy evaluation and urine drug screen was made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going use of opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Functional Improvement Measures Page(s): 78-80/48.

**Decision rationale:** To justify the long term use of opioid medications MTUS Guidelines have very specific standards for documented benefits. These standards include qualified pain relief as a result of opioid use i.e. how much and how long after medication use and quantified functional benefits from opioid use. These standards have not been met. Under these circumstances the Norco 10/325mg. #120 is not supported by Guidelines and is not medically necessary.

**Home health physical therapy evaluation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**Decision rationale:** MTUS Guidelines support the use of home health services if an individual is home bound. There is no evidence that this individual is home bound. Several evaluations document a normal gait and there is no reason to anticipate that this individual cannot travel. There are no unusual circumstances to justify an exception to Guidelines. The request for home health physical therapy evaluation is not supported by Guidelines and is not medically necessary.

**Retrospective outpatient urine drug screen (DOS 03/04/15):** Upheld

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

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

**Decision rationale:** MTUS Guidelines does not address a reasonable frequency of urine drug testing. ODG Guidelines address this issue in significant detail and recommend screening frequency based on risk profiles. This individual is being tested on near a monthly basis, but no significant risks for drug misuse are identified. For low risk individuals only yearly testing is recommended. The urine drug screen (DOS 4/04/15) is not supported by Guidelines due to its proximity to prior testing. It was not medically necessary.