

<b>Case Number:</b>	CM15-0074082		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	03/04/2002
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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 a 50-year-old male who sustained an industrial injury on 03/04/2002. Diagnoses include cervical strain/sprain with development of cervical myelopathy, cervical spine status post-surgery with cervical post laminectomy syndrome and diffuse myofascial pain, lumbar spine strain/ sprain and myofascial pain, lumbar spine status post fusion and chronic pain syndrome. Treatment to date has included diagnostic studies, surgery, medications, Toradol injections, physical therapy, chiropractic care, acupuncture, Transcutaneous Electrical Nerve Stimulation Unit. A physician progress note dated 03/25/2015 documents the injured worker complains of cervical and lumbar spine. The injured worker rates his pain as 6 out of 10 with and without medications. The cervical spine has diffuse tenderness with palpation and there is decreased range of motion. He has decreased range of motion in both shoulders with pain. There is diffuse tenderness on palpation in the lumbopelvic region and decreased range of motion. Sitting straight leg raise is positive left causing back pain and on the right causing back and leg pain. Treatment requested is for comprehensive metabolic panel, Norco 10mg #90, and urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

**Decision rationale:** The requested Norco 10mg #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has of cervical and lumbar spine. The injured worker rates his pain as 6 out of 10 with and without medications. The cervical spine has diffuse tenderness with palpation and there is decreased range of motion. He has decreased range of motion in both shoulders with pain. There is diffuse tenderness on palpation in the lumbopelvic region and decreased range of motion. Sitting straight leg raise is positive left causing back pain and on the right causing back and leg pain. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract. The criteria noted above not having been met, Norco 10mg #90 is not medically necessary.

**Urine drug screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page 43, Drug testing Page(s): 43.

**Decision rationale:** The requested Urine drug screen , is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing", recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has of cervical and lumbar spine. The injured worker rates his pain as 6 out of 10 with and without medications. The cervical spine has diffuse tenderness with palpation and there is decreased range of motion. He has decreased range of motion in both shoulders with pain. There is diffuse tenderness on palpation in the lumbopelvic region and decreased range of motion. Sitting straight leg raise is positive left causing back pain and on the right causing back and leg pain. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the previous drug screening over the past 12 months nor what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There are also no documentation

regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, Urine drug screen is not medically necessary.

**Comprehensive metabolic panel:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, specific drug list & adverse effects Page(s): 70.

**Decision rationale:** The requested Comprehensive metabolic panel, is not medically necessary. Chronic Pain Medical Treatment Guidelines, NSAIDS, specific drug list & adverse effects, Page 70, note "Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." The injured worker has of cervical and lumbar spine. The injured worker rates his pain as 6 out of 10 with and without medications. The cervical spine has diffuse tenderness with palpation and there is decreased range of motion. He has decreased range of motion in both shoulders with pain. There is diffuse tenderness on palpation in the lumbopelvic region and decreased range of motion. Sitting straight leg raise is positive left causing back pain and on the right causing back and leg pain. The treating physician has not documented current NSAID prescriptions nor the medical necessity for the additional lab tests. The criteria noted above not having been met, Comprehensive metabolic panel is not medically necessary.