

<b>Case Number:</b>	CM15-0076731		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	10/03/2002
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 10/03/2002. According to a progress report dated 03/03/2015, right knee pain was rated 7-8 on a scale of 1-10. He had difficulty walking for prolonged periods. Pain reduction was 50 to 60 percent with the use of Norco. He was able to walk more easily. He remained severely depressed and slept much of the day. Diagnoses included chronic low back pain with right sciatica aggravation of preexisting condition, probable right L5 radiculopathy, status post lumbar decompression and fusion L5-S1 May 31/2011, diabetes mellitus, bilateral knee pain status post right total knee arthroplasty January 28, 2013 and status post left total knee arthroplasty August 5, 2013 and right knee debridement surgery on October 20, 2014, major depression and status post completion of pain management agreement. The provider noted that the injured worker would continue Norco 10/325mg #120 four times a day as needed for moderate to severe pain. Currently under review is the request for Norco and a urine drug screen 4 times a year.

### 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 ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 14-49, 115, Chronic Pain Treatment Guidelines Criteria for Use of Opioids, Weaning of Medications Page(s): 78, 80-81, 88, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar and Throacic (Acute and Chronic), Pain, Opioids.

**Decision rationale:** ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco in excess of the recommended 2-week limit. As such, the request for Norco 10/325mg #120 is not medically necessary.

**Urine drug screen 4 times a year:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids Page(s): 43, 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Criteria for Use of Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 43, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

**Decision rationale:** MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion)," would indicate need for urine drug screening. ODG further clarifies frequency of urine drug screening: - 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. 'Moderate risk' for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. 'High risk' of adverse outcomes may require testing as often as once per month. There is insufficient documentation provided to suggest issues of abuse, misuse, or addiction. The patient is classified as low risk. As such, the current request for Urine drug screen four times a year is not medically necessary.

