

<b>Case Number:</b>	CM15-0091530		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	05/18/2010
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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: Physical Medicine & Rehabilitation

### 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 59 year old male patient who sustained an industrial injury on 05/18/2010. The accident was described as while working driving a truck he began to experience malfunctioning of the vehicle causing him to lose control and struck the side rail flipping the truck multiple times. He had hospitalization observing a intracranial bleed, and manage back fractures status post the accident. Subsequently, a few days, thereafter, he underwent surgical intervention along with a course of post-operative physical therapy. A recent primary treating office visit dated 04/20/2015 reported the patient with subjective complaint of mid and lower back pain with clicking. The pain radiates down into the right leg and is associated with numbness and tingling. He is also with complaint of mild neck pain. He is not currently working. He takes Norco 1-2 daily for the pain. Overall he is stating functional improvement and improvement in pain with the current medication regimen. With the use of medication he is able to participate in improved activities of daily function as well as increased ability to sit, stand and walk as a result. Objective findings showed lower lumbar tenderness to palpation. There was also noted decreased range of lumbar motion as noted: flexion at 45 degrees, extension at 15 degrees and lateral bending at 20 degrees bilaterally. In addition, the cervical spine showed bilateral paracervical and bilateral trapezial tenderness. Active range of motion of the cervical spine showed: flexion/extension both at 40 degrees and lateral rotation at 50 degrees bilaterally. He is diagnosed with the following: status post cervical and lumbar spine fusions; status post L1 corpectomy and fusion at T11 -L3; motor weakness of the lower extremities, and disc bulges at L3-4 and L4-5. The plan of care involved: prescribing Norco 10/325mg #80, continue current

medications, and obtain a urine drug screen. He is to follow up in two months. He will remain permanent and stationary as before. Back on 02/04/2015 he had subjective complaint of experiencing increased pain with associated muscle spasms and stiffness about his middle and lower back regions. He stated the lower back pain has been exacerbated by prolonged sitting/standing, and or with the performance of activities of daily living. There is no change in the medication regimen, the plan of care, or the treating diagnoses. Objective findings showed the lumbar spine with bilateral muscle spasms and myofascial triggers points were noted. Back on 11/05/2014, a urine drug screen noted inconsistent with prescribed medications with Alprazolam detected of which the patient stated his family doctor prescribes. Active range of motion of the lumbar spine revealed flexion at 35 degrees and extension at 5 degrees. He is also with subjective complaint this visit of having a metallic clicking noise in his low back of which the doctor is recommending he undergo a computerized tomography scan checking hardware placement. Of note, he was also with complaint of a "clicking noise" to the low lumbar area upon examination 08/06/2014. This plan of care did emphasize the participation of home exercises. A permanent and stationary report dated 10/30/2012 found the patient with similar subjective complaint along with active lumbar range of motion flexion at 30 degrees, extension at 10 degrees and lateral bending also at 10 degrees.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**1 urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Urine drug testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, page 43.

**Decision rationale:** Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid this chronic injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The 1 urine drug screen is not medically necessary and appropriate.

**Norco 10/325mg #80:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to continue Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Norco 10/325mg #80 is not medically necessary and appropriate.