

<b>Case Number:</b>	CM14-0173397		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	03/30/2001
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 (IW) is a 60-year-old woman with a date of injury of March 30, 2001. The IW sustained injuries to her bilateral shoulder and upper extremities as a result moving heavy clients on a frequent basis while working as a home health aide. The IW underwent a urine drug screen (UDS) on February 21, 2013, and November 5, 2013, in which were both negative for Hydrocodone while the IW was prescribed Norco, Vicodin, and Lortab. According to the August 8, 2013 evaluation, the injured worker's SOAPP score was greater than 20, which indicates a high risk for abuse. The provider states that he would refer the IW to a psychologist and possibly an addiction specialist. There was an authorization for 12 sessions of physical therapy for the injured worker's bilateral upper extremities. According to the November 5, 2013 examination, the provider states that the IW was not aware of the approved PT; therefore, no therapy was completed. A request for PT extension was submitted. There has been no record of PT or any visits to a psychologist or addiction specialist documented in the medical record. Pursuant to the progress noted dated July 24, 2014, the IW had complaints of constant aching, dull, and throbbing neck pain, which radiates to the bilateral upper extremities. The pain was rated 5/10. She states her medications helped improve her ability to perform light household chores. Relevant objective findings included full range of motion to the right shoulder and bilateral ankles, allodynia bilateral shoulders and arms, and abnormal tenderness feet and ankles with swelling of the lateral malleoli. Cervical spine range of motion was reduced with tenderness to the bilateral trapezius muscles. The IW was diagnosed with joint pain of the shoulder, carpal tunnel syndrome, and unspecified reflex sympathetic dystrophy. The provider commented that, because of the longevity of the injured worker's complaints and their significant impact on her life, it is unlikely that a quick solution is available. Current medications include Cymbalta 60mg,

Gabapentin 100mg, and Norco 5/325mg. Treatment plan includes: Continue home exercise program, medications, and follow-up in 3 months.

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

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

**Norco 5/325 #30 refills 2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiate Use Page(s): 75-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 5/325 mg #30 is not medically necessary. The guidelines state this opiate is recommended for the treatment of moderate to severe pain. Short-term use is recommended because of the risk of addiction and other potential serious side effects. Ongoing management for long-term use of opiates requires documentation in the medical record as to pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opiate, 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, increase level of function or improved quality of life. In this case, the documentation shows the injured worker has been using opiates long-term. Additionally, the records do not provide evidence of functional improvement over the treatment period. Three urine drug screens were performed on this injured worker. The UDS failed to detect Norco (hydrocodone) in the specimen on each occasion. The UDS result is a potential indicator of medication abuse. Consequently, Norco is not medically necessary. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Norco 5/325 mg #30 is not medically necessary.

**Urine Drug Screening:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine Drug Testing

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);Pain Section, Urine Drug Testing

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug testing is not medically necessary. The ODG states urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify, and

use of undisclosed substances and uncovered a version of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust, or discontinue treatment. For patients using opiates long-term, random screening should be conducted every six months. More frequent testing should be considered for patients that have displayed signs of medication abuse or misuse. In this case, urine drug testing was performed on three separate occasions. The UDS failed to detect Norco on three occasions. The continued use of opiates has been determined not to be appropriate due to medication abuse or misuse as well as the lack of functional improvement. Consequently, a repeated urine drug/testing screen is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, urine drug testing is not medically necessary.