

Case Number:	CM15-0131829		
Date Assigned:	07/20/2015	Date of Injury:	11/08/2013
Decision Date:	08/17/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/08/2015

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, Pain Management

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 37 year old male, who sustained an industrial injury on November 8, 2013. He reported injury to his low back and pain radiating down the left leg. The injured worker was diagnosed as having lumbar herniated nucleus pulposus and left L5 nerve root encroachment. Treatment to date has included diagnostic studies, physical therapy, cortisone injection, surgery, helpful cognitive behavioral therapy, acupuncture chiropractic treatment and medication. The physical therapy was noted to be somewhat helpful. The cortisone injection, acupuncture and chiropractic treatment were noted not to help. He reported his medications were providing good relief and functional improvement. On July 14, 2015, the injured worker complained of aching pain in his low back with radiation down the left lateral leg. He reported significant pain in his left leg and weakness. He rated his pain as and 8 on a 1-10 pain scale before medication and as a 6/10 with medication. The treatment plan included medications. On June 17, 2015, Utilization Review non-certified the request for one urine toxicology. A request for one prescription of Percocet 10 mg #90 has been modified to one prescription of Percocet 10 mg #40. The California MTUS Guidelines were cited. A urine drug screen performed on June 16, 2015 is reported as inconsistent. A report dated July 22, 2015 indicates that the medication allows the patient to take care of his children, perform daily exercise, and help around the house. The note states that his previous urine drug screen on June 5, 2015 did not show tramadol. The patient states that this is because he ran out. Therefore, a repeat toxicology screen is being requested and a CURES report is consistent. A signed opiate agreement is on the chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Percocet 10mg #90, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. In light of the above, the currently requested Percocet 10mg #90 is medically necessary.

Retrospective Urine toxicology (6/5/15): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain: urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 76-79 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter Urine Drug Testing.

Decision rationale: Regarding the request for a urine toxicology test (UDS), California MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, it appears the patient is on controlled substance medication. Additionally, there is no identification of a recent urine drug screen (prior to the DOS). As such, the currently requested urine toxicology test is medically necessary.