

<b>Case Number:</b>	CM15-0136357		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	05/20/2013
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 53 year old male who sustained a work related injury May 20, 2013, with his right arm crushed in a blast injury with a double bone forearm fracture. Past history included debridement of right arm, advancement flap and split thickness skin graft closure and open reduction and internal fixation, May 27, 2013, right forearm surgery, removal of scar tissue 2014, and carpal tunnel release. According to a physician's assistants progress notes, dated May 22, 2015, the injured worker presented with right and left upper extremity pain. He is status post right stellate ganglion, May 4, 2015, the first in a series, and reports it has aggravated his pain, particularly on the left side of the neck. There is right upper extremity numbness to the hand and it is hypersensitive to touch. Current medications included Gabapentin and Percocet. He reports the medication decreases his pain by 40% and allows him to wash dishes and cook dinner. Physical examination revealed; right forearm skin grafting with hypertrophy at regions of the scar, some atrophy in the musculature, compartments are soft, incision over the right wrist healed, hypersensitivity right forearm, allodynia, right upper extremity is cooler to touch than the left. Assessment is documented as chronic pain syndrome; crushing injury of the forearm; RSD (reflex sympathetic dystrophy syndrome) upper extremity. Treatment plan included discussion of decreasing opiates pending psychological evaluation prior to SCS (spinal cord stimulator) trial. At issue is the request for authorization for a urine drug screen and Percocet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Percocet for several months without routine documentation of pain score trends. The claimant still required invasive procedures for pain control. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Percocet is not medically necessary.

**1 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 urine toxicology Page(s): 82-92.

**Decision rationale:** According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.