

Case Number:	CM15-0145083		
Date Assigned:	08/06/2015	Date of Injury:	12/01/2011
Decision Date:	09/22/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/27/2015

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: Emergency Medicine

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 40 year old male, who sustained an industrial injury on 12-1-2011. He reported injury to the left hand, left knee, and low back after an object exploded onto him. The injured worker was diagnosed as having status post left carpal tunnel release, lumbar disc disease, lumbar radiculopathy and facet syndrome, status post left knee arthrogram, status post left knee arthroscopy times 2, left knee arthrofibrosis, and status post left hand fusion of second metacarpal trapezoid. Treatment to date has included multiple left wrist surgeries, 2 left knee surgeries, medications, physical therapy, chiropractic treatment, magnetic resonance imaging of the lumbar spine, and CT of the left wrist (5-13-2015). The request is for Percocet, Tramadol, and a urine drug screen. On 5-12-2015, he reported unchanged left wrist pain rated 5 out of 10, lumbar spine pain rated 4-5 out of 10, and left knee pain rated 7-8 out of 10. He reported taking his prescribed medications regularly and that they were helpful. A urine drug screen on 5-12-2015 was positive for Tramadol. The treatment plan included: electrodiagnostic studies of the upper and lower extremities, magnetic resonance imaging of the left knee, continuation of daily exercises and stretches as directed by the physical therapist, possible lumbar epidural steroid injection, MS Contin, Percocet, and random urine drug screen. A urine drug screen dated 6-9-2015, was positive for Tramadol. On 6-9-2015, his last visit was noted to be 5-12-2015. His current complaints are noted as pain to the left wrist and low back rated 6 out of 10, and left knee pain rated 7.5 out of 10. He reported the pain to be unchanged since his last visit. He reported gastrointestinal issues, anxiety and depression. He indicated he cannot carry anything over 5 pounds. The treatment plan included: lumbar epidural injection, and aquatic therapy, MS Contin,

Motrin, Percocet, and Tramadol, and a urine drug screening. The provider noted he was at high risk for narcotic abuse, misuse or dependency. He remains off work. On 7-6-2015, he reported pain to the left hand and left knee. He rated the left hand pain 3 out of 10 at rest, and 8-9 out of 10 with activities. He indicated this pain to radiate to the left shoulder and have associated numbness and tingling. The left knee pain he rated as 5 out of 10 at rest and 9 out of 10 with prolonged activity. He indicated pain medications to be helpful. The treatment plan included: home exercise program, and pain management. On 8-11-2015, he reported pain to the left wrist, low back and left knee. He rated the pain 4-7 out of 10. The treatment plan included: urine testing, follow up in 4-6 weeks, and considering a 2nd lumbar spine epidural steroid injection. A letter of appeal dated 7/3/15 was reviewed. It does not provide much information concerning need for percocet or tramadol but claims that the reason that UDS was negative was that patient could not attain the medications.

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): 76-79.

Decision rationale: Percocet is acetaminophen and oxycodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Provider has not documented any significant objective improvement in pain and function. Urine drug screen done on 5/15 was negative for opioids except for tramadol which is a significant anomaly. It is not clear what patient is doing with prescription or if patient is picking up the medicines. Provider states that patient claims that he has problems getting his meds but the provider did not check CURES to determine if this claim was true. The lack of any objective improvement and anomaly in UDS does not support continued percocet prescription and therefore is not medically necessary.

Tramadol 50mg #60: 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): 76-79.

Decision rationale: Tramadol is a direct Mu-agonist, an opioid-like medication. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse

events and aberrant behavior. Provider has not documented any significant objective improvement in pain and function. Urine drug screen done on 5/15 was negative for opioids except for tramadol which is a significant anomaly. It is not clear what patient is doing with other prescription or if patient is picking up the medicines. Provider states that patient claims that he has problems getting his meds but the provider did not check CURES to determine if this claim was true. The lack of any objective improvement and anomaly in UDS does not support continued tramadol prescription and therefore is not medically necessary.

Urine drug screen: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain: Urine Drug Testing (Chronic) (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As per MTUS Chronic pain guideline, urine drug screen is an option to monitor patient for compliance, abuse and aberrancy. Patient had a recent abnormal urine drug screen that was missing percocet and morphine. Patient appears to still be on oral morphine. Due to this significant anomaly and patient still being on opioids, close UDS testing is necessary to determine compliance with oral morphine therapy.