

<b>Case Number:</b>	CM15-0024451		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	11/12/1999
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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 63-year-old female who reported an injury on 11/12/1999. The mechanism of injury was unspecified. Her diagnoses include sacroiliitis, lumbar facet arthropathy with myofascial pain/spasms, chronic intractable neuropathic lumbosacral pain syndrome, L1 compression fracture with multiple lumbar disc bulges, and chronic opioid therapy secondary to above diagnoses. Past treatments include acupuncture, psychological examination, aquatic therapy, medications, and a spinal cord stimulator. On 01/06/2015, the injured worker complained of low back pain radiating into her left buttock. The injured worker also indicated that she utilized Percocet for pain, trazodone for sleep, and Motrin for swelling/inflammation. The injured worker denied any side effects from her medication regimen. She also indicated functional improvement and pain decreased with current medication regimen. The injured worker noted her pain scale was 7/10 with the use of medications and 9/10 without medications. She further indicated that she had improvements with activities of daily living, as well as increased ability to sit, stand, and walk as a result of the medications. The treatment plan included Percocet and a urine drug screen to be performed at the next visit for medication compliance. A Request for Authorization form was submitted on 02/10/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 Drug testing Page(s): 43.

**Decision rationale:** The California MTUS Guidelines recommend a urine drug screen be used to assess for the use or presence of illegal drugs and may be required if there is suspected non-compliance or to avoid misuse or abuse of opioids. The injured worker was indicated to be on opioids for an unspecified duration of time. However, there was lack of documentation to indicate the injured worker was using or had the presence of illegal drugs or was suspected of noncompliance, misuse, or abuse her opioids. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

**Percocet 10/325 MG #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

**Decision rationale:** According to the California MTUS Guidelines, ongoing monitoring of chronic pain injured workers on opioids include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The injured worker was indicated to have been on Percocet for an unspecified duration of time. A physical examination indicated the injured worker had an objective functional improvement, decrease in pain, an absence of side effects or drug related behaviors. However, the request as submitted failed to specify a frequency as recommended by the guidelines. Furthermore, a weaning schedule would be recommended for implementation due to the long term use of opioids. As such, the request is not medically necessary or appropriate.