

Case Number:	CM15-0060446		
Date Assigned:	04/06/2015	Date of Injury:	08/09/2013
Decision Date:	05/05/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/30/2015

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: New Jersey, New York
 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 47 year old female, who sustained an industrial injury on 8/9/13. She reported pain in bilateral knees, left shoulder, neck, and left bicep. The injured worker was diagnosed as having neck sprain and strain, knee sprain/strain, shoulder impingement, shoulder sprain/strain, and status post right shoulder surgery. Treatment to date has included left shoulder arthroscopy, rotator cuff repair, and bursectomy on 4/11/14. Other treatment included physical therapy and oral medications. A MRI of the right knee performed on 2/11/15 revealed a tear of the medical meniscal root, patellofemoral and medial tibiofemoral chondromalacia, and a partial thickness tear of the anterior cruciate ligament. A MRI of the right knee performed on 2/11/15 revealed patellofemoral and medial tibiofemoral chondromalacia, partial thickness tear of the anterior cruciate ligament, and patellar tendinosis. A MRI of the cervical spine obtained on 2/11/15 was unremarkable. A MRI of the left shoulder performed on 2/11/15 revealed a small partial thickness tear of the humeral surface fibers of the distal supraspinatus tendon. Currently, the injured worker complains of neck pain, left shoulder pain, and bilateral knee pain. The treating physician requested authorization for Percocet 5/325mg #15 and a urine toxicology screen. The treating physician noted a urine toxicology screen was needed to obtain baseline results that can help in more accurately predict future compliance to a prescribed medication treatment program in addition to determining the present of illicit drugs.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 5/325MG #15: 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): 78-79.

Decision rationale: The request is not medically necessary. The patient has been taking Percocet for cervical, shoulder and knee pain. The chart does not provide any recent quantifiable objective documentation of improvement in pain (e.g. decrease in pain scores) and function with the use of Percocet. Urine drug screen results were not available in the chart. There were no drug contracts included in the chart or long-term goals for treatment. The 4 A's of ongoing monitoring were not adequately documented. There was no evidence of objective functional gains with the use of Percocet. There should also be a trial of other non-opioids medications before relying on Percocet given its potential for addiction. Therefore, the request is considered not medically necessary.

URINE TOXICOLOGY SCREEN: 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): 43, 78.

Decision rationale: The request for a urine drug screen is considered not medically necessary. In order to monitor the use of opioids effectively, the 4 A's of opioid monitoring need to be documented. This includes the monitoring for aberrant drug use and behavior. One of the ways to monitor for this is the use of urine drug screens. Because the patient's Percocet will not be considered medically necessary, a urine drug screen is not necessary. Therefore, the request is considered not medically necessary.