

Case Number:	CM14-0067683		
Date Assigned:	07/11/2014	Date of Injury:	05/23/2002
Decision Date:	06/15/2015	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/12/2014

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 51 year old female, who sustained an industrial injury on 5/23/02. The injured worker has complaints of neck, right shoulder and right elbow pain. The documentation noted on examination that the injured workers neck is mildly tender to palpation at cervical paraspinus musculature, right side worse than left, spasm and hypertonicity in upper trapezius musculature, right side worse than left and right elbow has mild swelling over medial epicondyle. The diagnoses have included cervicalgia. Treatment to date has included status post Tenex procedure on her right medial epicondyles on 2/24/15; magnetic resonance imaging (MRI) of the thoracic spine on 7/17/12 showed essentially normal thoracic spine and oxycodone. The request was for prescription of Percocet 5/325mg #60 and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Percocet 5/325 Mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/Acetaminophen (Percocet).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Prescription of Percocet 5/325 Mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has neck, right shoulder and right elbow pain. The documentation noted on examination that the injured workers neck is mildly tender to palpation at cervical paraspinus musculature, right side worse than left, spasm and hypertonicity in upper trapezius musculature, right side worse than left and right elbow has mild swelling over medial epicondyle. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, or measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Prescription of Percocet 5/325 Mg #60 is not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Steps To Avoid Misuse and Addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 43, "Drug testing" Page(s): 43.

Decision rationale: The requested Urine Drug Screen is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing" recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has neck, right shoulder and right elbow pain. The documentation noted on examination that the injured workers neck is mildly tender to palpation at cervical paraspinus musculature, right side worse than left, spasm and hypertonicity in upper trapezius musculature, right side worse than left and right elbow has mild swelling over medial epicondyle. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the previous drug screening over the past 12 months or what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There is also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, Urine Drug Screen is not medically necessary.

