

<b>Case Number:</b>	CM15-0013235		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	09/09/2009
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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 50 year old male, who sustained an industrial injury on 9/9/09. The injured worker has complaints of left hip, knee and shoulder pain. The PR dated 12/4/14 noted that the injured worker was there for a repeat injection for the left knee. He is seeing a psychiatrist and reported that his lexapro was increased and that is helping with decreasing his anger issues and overall, improved mood. The documentation noted that the Percocet takes effect within 40 minutes and provides about 8 hours of pain relief. He continues to have tenderness to palpation over the anterior surface of his left knee. The diagnoses have included chronic left shoulder pain and lower extremity pain. Work status was noted to be permanent and stationary. According to the utilization review performed on 12/23/14, the requested Trazodone 50mg #60, Wellbutrin 150mg #30 and Lexapro 10mg #90 has been certified. The requested Percocet (Percocet) 10/325mg #60 and urine drug screen has been non-certified. Percocet is not benefiting the claimant and the claimant has a history of opioids abuse, therefore when weaned off of opioids the urine drug screen will not be medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percoset (Percocet) 10/325mg #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, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): Pages.

**Decision rationale:** The requested Percoset (Percocet) 10/325mg #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 left hip, knee and shoulder pain. The treating physician has documented tenderness to palpation over the anterior surface of his left knee. 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. The criteria noted above not having been met, Percoset (Percocet) 10/325mg #60 is not medically necessary.

**Urine drug Screen:** Upheld

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

**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 left hip, knee and shoulder pain. The treating physician has documented tenderness to palpation over the anterior surface of his left knee. 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 nor what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There are 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.