

<b>Case Number:</b>	CM15-0111732		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	11/16/2013
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: Preventive Medicine, Occupational 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 25 year old male, who sustained an industrial injury on 11/16/2013. He reported a fall onto his back resulting in an acute back pain that radiated to the lower extremity occasionally. Diagnoses include multilevel spondylosis and mild disc protrusion. Treatments to date include NSAID, physical therapy, and chiropractic therapy. Currently, he complained of increasing low back pain that radiated to bilateral lower extremities. The medical records indicated Norco 5/325mg, one tablet daily, was first prescribed on 3/9/15. The provider documented that the injured worker previously tried and failed Naprosyn and Ketoprofen. On 4/10/15, the physical examination documented lumbar range of motion was within normal ranges, the straight leg raise test was negative bilaterally, and he was able to toe walk as well as heel walk. No deficits in strength or sensation were documented. The provider documented that Norco once a day increased mobility and function, and the ability to perform activities of daily life. The plan of care included continuation of Percocet 5/325mg tablets, one tablet once a day, #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Percocet 5/325mg # 30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Weaning of Medications Section Page(s): 74-95, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The medical documentation reports that the injured worker is on chronic pain medications and he needs these medications to remain functional. The requesting physician is also taking measures to assess for aberrant behavior that may necessitate immediate discontinuation of the medications. The injured worker's opioid medication dosing has remained stable and, and he appears to be in an initial maintenance stage of his pain management.

**2 urine drug screen in 12 months:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section Opioids Criteria for Use Section Page(s): 43, 112.

**Decision rationale:** The use of urine drug screening is recommended by the MTUS Guidelines, in particular, when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. The request for 2 urine drug screen in 12 months is determined to be medically necessary.