

Case Number:	CM15-0114191		
Date Assigned:	06/22/2015	Date of Injury:	12/01/2011
Decision Date:	07/24/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/12/2015

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 40 year old male, who sustained an industrial injury on 12/1/11. The injured worker was diagnosed as having status post ORIF in left wrist, status post left wrist fusion, status post left carpal tunnel release, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, status post left knee patellar fracture, status post left knee arthrogram and residual pain with left knee. Treatment to date has included left carpal tunnel release, left wrist fusion and ORIF, physical therapy, home exercise program, chiropractic treatment, activity restrictions and oral medications including Percocet and MS Contin. Currently, the injured worker complains of left wrist and hand pain rated 7/10 and low back pain rated 7.5/10, he notes the back pain has increased since his last visit. He also notes the current medications help with his pain. Physical exam noted antalgic gait with a cane, well healed surgical scar in volar aspect of left wrist and diffuse lumbar paravertebral muscle tenderness with moderate facet tenderness noted at L4-S1 levels with slightly restricted range of motion; well healed scar over left knee and pain over the left patellar and tibial plateau and slightly restricted range of motion of left knee. The treatment plan included orthopedic consultation of left wrist and left knee, refilling MS Contin and Percocet and a urine toxicology screening. A request for authorization was submitted for Urine Drug Screen and Percocet 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Percocet 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Criteria for use of Opioids Page(s): 76-78, 88-89.

Decision rationale: Based on the 05/11/15 progress report provided by treating physician, the patient presents with pain to low back, left knee and left hand. The patient is status post left wrist open reduction and internal fixation, left wrist fusion, left carpal tunnel release, and left knee patellar fracture, unspecified dates. The request is for 1 PRESCRIPTION OF PERCOCET 10/325MG #120. Patient's diagnosis per Request for Authorization forms dated 04/28/15 and 05/13/15 includes lumbar disc displacement without myelopathy, unspecified thoracic or lumbosacral neuritis or radiculitis, other back symptoms, and pain in joint, lower leg. The patient has an antalgic gait to the right and ambulates with a cane. Physical examination to the lumbar spine per 05/11/15 report revealed diffuse paravertebral and moderate facet tenderness over the L4-S1 levels. Range of motion was limited. Decreased sensation over the L4, L5 and right S1 dermatomes. Positive Kemp's and straight leg raise tests bilaterally. Treatment to date has included surgeries, imaging and electrodiagnostic studies, physical therapy, home exercise program, chiropractic treatment, activity restrictions and medications. Patient's medications include MS Contin, Tramadol, Motrin and Percocet. The patient is temporarily totally disabled, per 03/10/15 report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Percocet has been included in patient's medications, per progress reports dated 07/24/14, 03/10/15 and 04/07/15. Per 05/11/15 report, treater states "In regard to my request for Percocet, let me emphasize that this was prescribed in order to manage my patient's unrelenting pain symptoms. As his primary treating physician, it is imperative for me to address his pain symptoms and I consider the use of oral medications as highly therapeutic. This medication was requested for the reason that I have a medically good conviction in its effectiveness that will permit my patient to reside and execute activities with less pain and complicatedness." In this case, treater has provided general statements and not stated how Percocet reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding adverse reactions, ADL's, etc. Urine drug screen reports dated 07/24/14, 09/05/14, and 03/10/15 were provided. Per 03/10/15 and 04/07/15 reports, treater states "According to opioid risk assessment per SOAPP- R Method, [the patient] scores 35 which indicate that [the patient] is at high risk for narcotic abuse, misuse, and dependency. In addition, his Motrin equivalent dose was higher than 80mg for the past six months. His urinary screening

test from March 10, 2015 is positive for Morphine and Oxycodone." Treater has addressed aberrant behavior and patient's high risk profile; but no opioid pain agreement or CURES reports are discussed. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Furthermore, MTUS does not support greater than 120 mg equivalent Morphine dosing without pain management specialty consult and very special circumstances. Given the lack of documentation as required by guidelines, the request is not medically necessary.

Urine Drug Screen: Overturned

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 based on Non-MTUS Citation Official disability guidelines, Pain chapter, Urine drug testing.

Decision rationale: Based on the 05/11/15 progress report provided by treating physician, the patient presents with pain to low back, left knee and left hand. The patient is status post left wrist open reduction and internal fixation, left wrist fusion, left carpal tunnel release, and left knee patellar fracture, unspecified dates. The request is for URINE DRUG SCREEN. Patient's diagnosis per Request for Authorization forms dated 03/27/15, 04/28/15 and 05/13/15 includes lumbar disc displacement without myelopathy, unspecified thoracic or lumbosacral neuritis or radiculitis, other back symptoms, and pain in joint, lower leg. The patient has an antalgic gait to the right and ambulates with a cane. Physical examination to the lumbar spine per 05/11/15 report revealed diffuse paravertebral and moderate facet tenderness over the L4-S1 levels. Range of motion was limited. Decreased sensation over the L4, L5 and right S1 dermatomes. Positive Kemp's and straight leg raise tests bilaterally. Treatment to date has included surgeries, imaging and electrodiagnostic studies, physical therapy, home exercise program, chiropractic treatment, activity restrictions and medications. Patient's medications include MS Contin, Tramadol, Motrin and Percocet. The patient is temporarily totally disabled, per 03/10/15 report. MTUS Chronic Pain Medical Treatment Guidelines, for Testing, pg 43 states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC Guidelines, online, Pain chapter for Urine Drug Testing states: "Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." Percocet and MS Contin have been included in patient's medications, per progress reports dated 07/24/14, 03/10/15 and 04/07/15. Urine drug screen reports dated 07/24/14, 09/05/14, and 03/10/15 were provided. UR letter dated 06/09/15 states "The requested urine drug screen was not clinically indicated, continuing the use of opiates had been previously determined inappropriate based on the evidence of clinical evidence of

meaningful treatment efficacy. Consequently, a repeat urine drug screen is not appropriate." Per 05/11/15 report, treater states "Urine drug test was requested to authenticate and monitor the patient's compliance with medications. A urine drug test was, therefore, performed randomly in order to establish [the patient's] awareness with the prescribed medications and to recognize presence of any non-prescribed medications and/or illicit drugs. Although the patient reported that he was taking his medications as specified, as the patient's treating physician, it is, on the other hand, my accountability to fulfill supportive laboratory exam to enlighten us regarding the patient's accurate state and to substantiate my examination findings." Per 03/10/15 and 04/07/15 reports, treater states "According to opioid risk assessment per SOAPP- R Method, [the patient] scores 35 which indicate that [the patient] is at high risk for narcotic abuse, misuse, and dependency. His urinary screening test from March 10, 2015 is positive for Morphine and Oxycodone." MTUS and ODG do support UDS's for opiate management. ODG supports once per month testing for "Patients at 'high risk' of adverse outcomes." Given treater's discussion and patient's documented SOAPP-R (Screener and Opioid Assessment for Patients with Pain-Revised) score indicating "high risk," the request for UDS appears reasonable and indicated by guidelines. Therefore, the request is medically necessary.