

<b>Case Number:</b>	CM15-0122650		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	09/08/2010
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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: Arizona, California  
 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:

This is a 39 year old male with a September 8, 2010 date of injury. A progress note dated May 14, 2015 documents subjective complaints (cervical spine pain rated at a level of 6-7/10 radiating to the bilateral shoulders down to the hands with numbness sensation; lumbar spine pain rated at a level of 8/10), objective findings (wide-based gait; heel-toe walk performed with difficulty secondary to lower back pain; tenderness to palpation over the cervical paraspinal muscles extending to the occipital insertion site; query muscle tone; positive Spurling's sign; moderate to severe facet tenderness at the C5 through C7 levels; decreased range of motion of the cervical spine; decreased sensation at the bilateral C5 and C6 dermatomes; decreased muscle strength of the bilateral shoulder abductors, right elbow flexors, and bilateral wrist extensors; decreased reflexes at the left biceps, left brachioradialis, and bilateral triceps; decreased range of motion of the lumbar spine; decreased muscle strength of the bilateral foot invertors and big toe extensors; decreased reflexes of the left ankle), and current diagnoses (cervical disc disease; cervical radiculopathy; lumbar sprain/strain; bilateral sacroiliac joint arthropathy; chronic pain). Treatments to date have included anterior cervical discectomy and fusion, medications, and exercise. The medical record indicates that medications help control the pain. The treating physician documented a plan of care that included Percocet, rental of a transcutaneous electrical nerve stimulator unit for thirty days, and a urine toxicology screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Percocet along with Oxycodone for several months. Pain score response to medication was not provided. Combining 2 forms of Oxycodone is not indicated. There was no mention of Tylenol failure or weaning attempt. The request for continued Percocet use is not medically necessary.

**Rental of a transcutaneous electrical nerve stimulation (TENS) for 30 day trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation (TENS)).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-115.

**Decision rationale:** According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses the request for use due to cervical muscle spasms. The request for a TENS unit is not medically necessary.

**Urine toxicology screen:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, updated 6/15/15.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines urine toxicology Page(s): 82-92.

**Decision rationale:** According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. In this case, the claimant had prior opioid assessment scores indicating high risk for opioid abuse. As a result, the request for urine screening is appropriate and medically necessary.