

<b>Case Number:</b>	CM15-0126538		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	02/19/2013
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 39 year old male who sustained an industrial injury on 02-19-2013. He reported feeling immediate back and right leg pain when he stood up after picking up trash. The injured worker was diagnosed as having: lumbosacral sprain; Lumbar disc displacement; Thoracic; Lumbar radiculitis. Treatment to date has included lumbar laminectomy and L5-S1 discectomy (06-06-20-2013), and a L5-S1 fusion (09-14-2014). A MRI (03-13-2015) found a 4-5 mm disc protrusion on L4-5. An Electromyogram and Nerve Conduction Velocity test (03-26-2015) found chronic and ongoing right L5 radiculopathy. He is being treated by a Pain Management specialist. His medications include Percocet for moderate to severe pain. He discontinued Gabapentin due to side effects of dizziness and blurred vision. On a visual analog scale, the patient currently rates his pain as a 6-7 on a scale of 10 with pain medications, and a 9-10 on a scale of 10 without medications. Medications increase his ability to participate in activities of daily living. He uses his medications within prescription guidelines and has demonstrated no drug-seeking behavior. On exam, the worker has decreased sensory to light touch in the right greater than left L5 dermatome, bilaterally S4 and to a lesser degree S1. His reflexes are diminished, and his muscle strength is normal in the left and slightly diminished in the right. Currently, the injured worker complains of low back pain and dysenthas. The treatment plan includes a right L4-5 and L5-S1 transforaminal epidural steroid injection (LESI) which the worker is hesitant to proceed with due to concern about his blood sugars following the injection, and a contemplation of further surgery at the L4-L5 level. He has clearance for the LESI, and has had consultation with a neurosurgeon. Currently, there are plans for

medication refills and drug compliance monitoring. A request for authorization was made for the following: 1. Percocet 10/325mg #120 no refills; 2. Urine drug screening.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Percocet 10/325mg #120 no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

**Decision rationale:** Percocet 10/325mg #120 no refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment as recommended per the MTUS. The documentation on 5/18/15 indicates that the patient is taking Gabapentin and Percocet but that the patient has minimal relief with medication and that the patient feels that his condition is continuing to worsen. The documentation does not indicate that long term opioids such as Percocet have increased this patient's function significantly or provide him with a satisfactory pain level therefore this request is not medically necessary.

**Urine drug screening:** Upheld

**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, urine drug testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction and Drug testing Page(s): 94 and 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Urine drug testing (UDT).

**Decision rationale:** Urine drug screening is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The MTUS recommends urine drug screens while on opioids to assess for the use or the presence of illegal drugs. The ODG states that urine drug tests can be recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances while on opioids. The ODG states that patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. The documentation indicates that prior urine drug screen in Feb. 2015 was consistent. There is no documentation of aberrant behavior therefore the request for urine

drug screen is not medically necessary. Furthermore the documentation reveals that opioids are not medically appropriate for this patient without continued functional improvement therefore the request for urine drug screening is not medically necessary.