

Case Number:	CM15-0068773		
Date Assigned:	04/16/2015	Date of Injury:	09/13/2012
Decision Date:	05/18/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/10/2015

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: Texas, Illinois

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 54 year old male who sustained an industrial injury to his lower back on 09/13/2012. The injured worker was diagnosed with right L4-L5 disc herniation, radiculopathy and radiculitis in the right lower extremity. Treatment to date includes conservative measures, diagnostic testing, physical therapy, acupuncture therapy (12 sessions), epidural steroid injection (ESI) to the right L4-L5, walking cane and medications. According to the primary treating physician's progress report on March 5, 2015, the injured worker continues to experience mid and lower back pain and posterior hip pain radiating to the groin and knee. His pain level is rated 2-6/10. Examination of the lumbar spine demonstrated pain to palpation over the L4-L5 region bilaterally. Range of motion was still decreased but improving. Sensation is slightly diminished in the right L5 distribution. Motor strength is equal bilaterally. Negative straight leg raise was noted bilaterally. Current medication is Percocet. Treatment plan consists of continuing with work modifications and the approved 12 additional acupuncture therapy sessions and the current request for Percocet and urine drug screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 09/13/2012. The medical records provided indicate the diagnosis of right L4-L5 disc herniation, radiculopathy and radiculitis in the right lower extremity. Treatment to date includes conservative measures, diagnostic testing, physical therapy, acupuncture therapy (12 sessions), epidural steroid injection (ESI) to the right L4-L5, walking cane and medications. The medical records provided for review do not indicate a medical necessity for Percocet 5/325mg #180. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker's use of this medication predates 03/2014, but there is no overall improvement in pain; the injured worker is not well monitored for pain control. Therefore, the requested medical treatment is not medically necessary.

Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC) Pain Procedure Summary last updated 01/19/2015 urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The injured worker sustained a work related injury on 09/13/2012. The medical records provided indicate the diagnosis of right L4-L5 disc herniation, radiculopathy and radiculitis in the right lower extremity. Treatment to date includes conservative measures, diagnostic testing, physical therapy, acupuncture therapy (12 sessions), epidural steroid injection (ESI) to the right L4-L5, walking cane and medications. The medical records provided for review do not indicate a medical necessity for random urine drug testing. The MTUS recommends Drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The records indicate the injured was being treated with percocet, therefore there was a need to monitor for illegal activity, however, this medication has been determined to be not medically necessary at this stage. Therefore, this request is not medically necessary.

