

<b>Case Number:</b>	CM15-0090710		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	11/07/2003
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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 48 year old, male who sustained a work related injury on 1/7/03. He fell off a storage roof. The diagnoses have included status post spinal cord stimulator implantation with revision, L1 burst fracture, lumbar fusion, right calcaneal fracture with chronic regional pain syndrome, left tibial plateau fracture with surgery, and chronic intractable pain. Treatments have included medications, spinal cord stimulator, use of orthotics, a home exercise program, lumbar spine surgery and pain management therapy. In the PR-2 dated 3/31/15, the injured worker complains of continuing mid to lower back pain which radiates into the groin. He rates this pain level a 2-3/10 with medications and a 3/10 without medications. He has continuous, severe right foot pain. He rates this pain level a 4-6/10 with medications and a 7-8 without medications. He also has left knee pain. He rates this pain level a 2-3/10 with medications and 3-4 without medications. On physical examination, he walks with an antalgic gait and favors his left leg. He has swelling over the medial aspect of the right ankle. He has tenderness to palpation over medial aspect of the right ankle. He has decreased, painful range of motion in right ankle. The treatment plan includes requests for authorization for a referral to an ankle specialist, a refill for Percocet and for a urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**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 1/7/03. The medical records provided indicate the diagnosis of status post spinal cord stimulator implantation with revision, L1 burst fracture, lumbar fusion, right calcaneal fracture with chronic regional pain syndrome, left tibial plateau fracture with surgery, and chronic intractable pain. Treatments have included medications, spinal cord stimulator, use of orthotics, a home exercise program, lumbar spine surgery and pain management therapy. The medical records provided for review do not indicate a medical necessity for Percocet 10/325mg #90. 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 reviewed indicate the use of opioids predates 11/20/14, but with no overall improvement; the injured worker is not properly monitored for activities of daily living and adverse effects.

**Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Urine drug testing (UDT).

**Decision rationale:** The injured worker sustained a work related injury on 1/7/03. The medical records provided indicate the diagnosis of status post spinal cord stimulator implantation with revision, L1 burst fracture, lumbar fusion, right calcaneal fracture with chronic regional pain syndrome, left tibial plateau fracture with surgery, and chronic intractable pain. Treatments have included medications, spinal cord stimulator, use of orthotics, a home exercise program, lumbar spine surgery and pain management therapy. The medical records provided for review do not indicate a medical necessity for Urine Drug Screen. The Medical records indicate the injured worker had unremarkable urine drug screens in 11/2014 and 02/2015. This request was ordered in 03/2015. The medical records do not indicate the injured worker suffers from psychiatric problems, or has a history of drug abuse or other problems that would place the injured worker at high risk for opioid abuse. While the MTUS recommends urine drugs screen for monitoring

individuals on controlled substances for illegal activity, it does not specify the frequency of testing. The Official Disability Guidelines recommends testing individuals low risk of addiction/aberrant behavior within six months of initiation of therapy and on a yearly basis thereafter.