MAXIMUS Federal Services

| Case Number: | CM14-0017943 | | |
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| Date Assigned: | 04/16/2014 | Date of Injury: | 03/18/2004 |
| Decision Date: | 06/30/2014 | UR Denial Date: | 01/29/2014 |
| Priority: | Standard | Application Received: | 02/12/2014 |

## 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

## 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 50-year-old male who reported an injury on 3/18/04. The mechanism of injury was not specifically stated. Current diagnoses include spinal stenosis of the lumbar region, post lumbar laminectomy, facet arthropathy, radiculopathy of the thoracic or lumbosacral spine, and chronic pain secondary to trauma. The injured worker was evaluated on 12/23/13; he reported severe lower back pain with radiation to the right lower extremity. Current medications include trazadone 50mg. Physical examination revealed normal strength in the bilateral lower extremities, painful range of motion of the lumbar spine, positive Patrick's testing, an antalgic gait, and intact sensation in the bilateral lower extremities. Treatment recommendations included continuation of current medication and a complete urinalysis.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**LABS: UDS, ACETAMINOPHEN SERUM, ALPRAZOLAM SERUM, CBC WITH DIFF, CHEM 19, EIA 9, FREE TESTOSTERONE, GABAPENTIN SERUM, HYDROCODONE, METHADONE SERUM, TSH, UA COMPLETE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN GUIDELINES, , 70

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 70,43,77,89

**Decision rationale:** The California MTUS Guidelines state that drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state that the frequency of urine drug testing should be based on documented evidence of risk stratification. There is no documentation of noncompliance or misuse of medication. There is also no indication that this injured worker falls under a high risk category that would require frequent monitoring. The injured worker previously underwent a complete urinalysis to include multiple laboratory testing on 7/15/13. The medical necessity for repeat testing has not been established.

**EKG FOR USE OF METHADONE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN GUIDELINES, METHADONE,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 61-62

**Decision rationale:** The California MTUS Guidelines state that the steps for prescribing methadone include weighing the risks and benefits, and avoiding prescribing 40mg methadone tablets for chronic, nonmalignant pain. Patients should be closely monitored during treatment initiation for dose adjustment. Methadone can slow down the heart rate and may cause irregular heart beat, dizziness, light-headedness, or fainting. As per the documentation submitted, the injured worker has continuously utilized methadone 10mg. There is no documentation of an irregular heartbeat, dizziness, light-headedness, or fainting. The injured worker denied chest pain, edema, or irregular heartbeat/palpitations. The medical necessity for the requested service has not been established.

**PRESCRIPTION FOR TRAZADONE HCL 50MG #90 WITH 4 REFILLS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 13-16

**Decision rationale:** The California MTUS Guidelines state that antidepressants are recommended as a first line option for neuropathic pain and as a possiblity for non-neuropathic pain. The Official Disability Guidelines recommend trazadone as an option for insomnia, but only for patients with potentially coexisting mild psychiatric symptoms such as depression or

anxiety. The injured worker has utilized trazodone 50 mg since June 2013. The injured worker continues to report persistent insomnia. There is also no frequency listed in the current request. As such, the request is not medically necessary.