

<b>Case Number:</b>	CM14-0156421		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	01/11/1958
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California & Washington. 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 57-year-old male with a reported date of injury on 01/11/1985. The mechanism of injury was not listed in the records. The injured worker's diagnoses included postlaminectomy pain syndrome and chronic pain syndrome. The past treatments included pain medication, physical therapy, and surgical intervention. There was no relevant diagnostic imaging studies submitted for review. The surgical history included laminectomy. The subjective complaints on 08/26/2014 included back pain. The physical exam noted tenderness over the iliolumbar region. The exam also noted tenderness over the superior trapezius and levator scapulae on movement. The injured worker's medications included OxyContin 40 mg, methadone 10 mg, Lidoderm patches, and Ritalin. The notes indicate that the injured worker has been on these medications since at least 03/11/2014. The treatment plan was to continue medications and order a COMM test for opioid misuse. A request was received for OxyContin 40 mg #480, 1 COMM test for opioid misuse, and methadone 10 mg #180. The rationale for the request was to decrease pain and monitor for opioid misuse. The Request for Authorization form was dated 08/26/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 40 mg, #480:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78..

**Decision rationale:** The California MTUS Guidelines state 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug related behaviors. The injured worker has chronic pain syndrome. The notes indicate that the injured worker has been on methadone and OxyContin since at least 03/11/2014. There was not adequate documentation in the clinical notes submitted of quantified numerical pain relief, side effects, and psychosocial functioning, or aberrant behavior. Furthermore, there was no drug test submitted to assess for aberrant behavior. Additionally, the request as submitted did not provide a medication frequency. As adequate documentation was not submitted of quantified numerical pain relief, side effects, physical and psychosocial functioning and aberrant behavior, the request is not supported. As such, the request for OxyContin 40 mg, # 140 is not medically necessary.

**1 COMM test for opiate misuse:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests) Page(s): 90.

**Decision rationale:** The California MTUS Guidelines state that opioid, screening risks for addiction tests are recommended for the risk of addiction prior to initiating opioid therapy. The injured worker has chronic pain and has been on opioid since at least 03/11/2014. The guidelines recommend risk addiction tests to be initiated prior to opioid use since the injured worker is already on opioids. The request does not meet the evidence based guidelines. As such, the request for 1 COMM test for opioid misuse is not medically necessary.

**Methadone 10 mg, #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 78.

**Decision rationale:** The California MTUS Guidelines state 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug related behaviors. The injured worker has chronic pain syndrome. The notes

indicate that the injured worker has been on methadone and OxyContin since at least 03/11/2014. There was not adequate documentation in the clinical notes submitted of quantified numerical pain relief, side effects, and psychosocial functioning, or aberrant behavior. Furthermore, there was no drug test submitted to assess for aberrant behavior. Additionally, the request as submitted did not provide a medication frequency. As adequate documentation was not submitted of quantified numerical pain relief, side effects, physical and psychosocial functioning and aberrant behavior, the request is not supported. As such, the request for methadone 10 mg, #180 is not medically necessary.