

Case Number:	CM14-0063159		
Date Assigned:	07/11/2014	Date of Injury:	06/19/2008
Decision Date:	11/25/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	05/05/2014

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 Occupational Medicine 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:

According to the records made available for review, this is a 55-year-old female with a 6/19/08 date of injury. At the time (3/27/14) of request for authorization for Methadone 10mg and UA, there is documentation of subjective (severe chronic low back pain radiating to the lower extremities) and objective (tenderness to palpitation over the paravertebral muscle and spasms, paresthesia along the bilateral L5 and S1 dermatomes, decreased bilateral patellar and Achilles deep tendon reflexes, and tenderness to palpitation over the bilateral Sacroiliac joint) findings. The current diagnoses are failed back surgery syndrome, lumbar disc bulges, lumbar neuralgia, lumbar facet joint pain, sacroiliac joint pain, and myofascial pain/spasm. The treatment to date includes physical therapy, acupuncture, and ongoing treatment with Norco and Methadone since at least 12/30/13. Medical reports identify a signed opiate contract and previous urine analysis in January, 2014. Regarding Methadone, there is no documentation of Methadone is being prescribed by providers with experience in using it, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Methadone use to date. Regarding UA, there is no documentation of opioid abuse, addiction, poor pain control or the patient being at "moderate risk" of addiction & misuse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone; Opioids Page(s): 61-62; 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of Methadone used as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk, and that Methadone is being prescribed by providers with experience in using it, as criteria necessary to support the medical necessity of Methadone. In addition, MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of failed back surgery syndrome, lumbar disc bulges, lumbar neuralgia, lumbar facet joint pain, sacroiliac joint pain, and myofascial pain/spasm. In addition, given documentation of severe chronic pain of low back and ongoing treatment with Norco, there is documentation of Methadone used as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. Furthermore, given documentation of signed opiate contract, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation of Methadone is being prescribed by providers with experience in using it. In addition, given documentation of ongoing treatment with Methadone, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Methadone use to date. Therefore, based on guidelines and a review of the evidence, the request for Methadone 10mg is not medically necessary.

UA: 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 Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Official Disability Guidelines supports urine drug testing within six months of initiation of opioid therapy and on a yearly basis thereafter for patients at "low risk" of addiction, 2 to 3 times a year for patients at "moderate risk" of addiction & misuse, and testing as often as once per month for patients at "high risk" of adverse outcomes (individuals with active substance abuse disorders). Within the medical information available for review, there is documentation of diagnoses of failed back surgery syndrome, lumbar disc bulges, lumbar neuralgia, lumbar facet joint pain, sacroiliac joint pain, and myofascial pain/spasm. However, given documentation of records reflecting prescriptions for Norco since at least 12/30/13, there is no documentation of opioid abuse, addiction, or poor pain control. In addition, given documentation of a previous urine analysis in January, 2014, there is no documentation of the patient being at "moderate risk" of addiction & misuse. Therefore, based on guidelines and a review of the evidence, the request for UA is not medically necessary.