

<b>Case Number:</b>	CM14-0206317		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	06/12/2009
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Internal 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:

The injured worker (IW) is a 66-year-old woman with a date of injury of June 12, 2009. The mechanism of injury was a slip and fall while working as a registered nurse. She sustained injuries to her left elbow, arm, shoulder and left hip. She also struck her low back, neck, and head. The injured worker's working diagnoses are syndrome postlaminectomy cervical, status post left C5-C6 foraminotomy; syndrome postlaminectomy lumbar, status post L4-L5 lumbar fusion; and pain in shoulder joint, status post left shoulder arthroscopy. Pursuant to the most recent clinic note in the medical record dated October 17, 2014, the IW has complains of chronic neck, left upper extremity, back, and left lower extremity pain. She reports no acute changes in her pain condition. She reports her pain has been gradually worsening since she has been off Lyrica. She is tolerating her medications without side effects. There is no objective musculoskeletal examination performed in the 10/17/14 progress note. There are no vital signs documented. There is a general assessment indicating the IW is well developed, and well groomed. The provider reports the IW is alert and oriented X 3 with no signs of sedation. He reports her gait was antalgic and ambulates about the room without assistance. Trachea is midline. There was a skin assessment, which was normal. The IW is being treated with over 20 medications. This includes opioid medications (Norco) being prescribed by an additional provider. The IW reports the Norco, Lidoderm patches, and Topamax have been helpful. The treating physician indicated that the plan is to switch the IW from short-acting medications to a long acting narcotic. The IW will be switched to Methadone 5mg and will titrate up to 1 full tablet TID. She has never had Methadone before. The IW reports that she has had a bad reaction to Morphine Sulfate in the past. She has not trialed any other long acting opioid medication in the past. The current request is for Methadone HCL 5mg 1 tablet Q12 hours #60, and UDS GC-

MS/LC-MS (Retrospective DOS 11/14/14). The medical record submitted for review did not contain the pain management visit note dated November 14, 2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Methadone Hcl 5 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone. Page(s): 60-61. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Methadone.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Methadone HCl 5 mg #60 is not medically necessary. Methadone is recommended as a second line drugs for moderate to severe pain if the potential benefit outweighs the risk. Methadone has a long half-life (eight - 59 hours). Pain relief only lasts 48 hours. Delayed adverse effects may occur due to methadone accumulation during chronic administration. Systemic toxicity is more likely to occur in patients previously exposed to high doses of opiate. One severe side effect is respiratory depression (which persist longer than the analgesic effect). Methadone should be given with caution in patients with decreased respiratory reserve. QT prolongation with resultant arrhythmia has been noted. Use Methadone carefully in patients with cardiac hypertrophy and patients at risk for hypokalemia (those patients on diuretics). Methadone has a potential for abuse. In this case, injured worker 66 years old with a date of injury June 12, 2009. The subjective section of an October 17, 2014 progress note states the patient reports no acute changes to her pain condition. The injured worker's working diagnoses are syndrome post laminectomy cervical, status post left C5 - C6 foraminotomy; syndrome post laminectomy lumbar status post L4 - L5 lumbar fusion; and pain in shoulder, status post left shoulder arthroscopy. She has persistently gradual worsening of pain. Pain is been gradually worsening since being off Lyrica. A review of the medical record (October 17, 2014 progress note) indicates the injured worker is taking 22 medications. The injured worker has multiple medical problems including hypertension and hypothyroidism. The injured worker is taking Norco 10/325 mg and Skelaxin (a muscle relaxants) concurrently with the request for Methadone. Opiates and muscle relaxants have an additive effect of respiratory depression. Additionally, the large majority of medications are prescribed by a second physician. Treatment with Methadone has serious potential systemic toxicities and cardiopulmonary side effects. The injured worker is taking additional medications which have potential respiratory depressant effects. Follow-up is scheduled at a four-week interval. Consequently, the documentation indicates the risk outweighs the benefit in treating with Methadone based on pre-existing (22) prescriptions, concurrently treating with an opiate and muscle relaxant, a four week follow up, and, as a result methadone HCl 5 mg #60 is not medically necessary.

**Retro UDS GC-MS/LC-MS with a dos of 11/14/2014:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Urine Toxicology Screen/Confirmatory Testing

**Decision rationale:** Pursuant to the Official Disability Guidelines, retro urine drug screen GC - MS/LC - MS the date of service November 14, 2014 is not medically necessary. Confirmatory Testing/Laboratory-Based Specific Drug Identification are used to confirm the presence of a given drug and/or identify drugs that cannot be isolated by screening tests. These tests allow for identification of drugs that are not identified in the immunoassay screen. Quantitative urine drug testing is not recommended for verifying compliance without evidence of medical necessity. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. In this case, the injured worker's working diagnoses are syndrome post laminectomy cervical, status post left C5 - C6 foraminotomy; syndrome post laminectomy lumbar status post L4 - L5 lumbar fusion; and you pain in shoulder, status post left shoulder arthroscopy. The medical record does not contain documentation with a risk assessment profile. There are no entries regarding low risk, intermediate or high risk for drug misuse or abuse. There was no progress note or urine drug screen dated November 18, 2014. Consequently, absent documentation of a risk assessment profile, clinical documentation indicating medical necessity for confirmatory testing, retro urine drug screen GC - MS/LC - MS the date of service November 14, 2014 is not medically necessary.