

Case Number:	CM15-0164699		
Date Assigned:	09/02/2015	Date of Injury:	06/27/2007
Decision Date:	10/13/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/21/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 47 year old male, who sustained an industrial injury on June 27, 2007. He reported pain in his lower back. The injured worker was currently diagnosed as having chronic pain syndrome, pain in joint of forearm, sprains and strains of knee and leg not otherwise specified enthesopathy of knee and lumbar disc displacement without myelopathy. Treatment to date has included diagnostic studies, surgery, physical therapy, injections, acupuncture, heat, transcutaneous electrical nerve stimulation unit and medication. On July 10, 2015, the injured worker complained of pain in his low back and bilateral knees. The pain was noted to radiate down his bilateral lower extremity up to his knees with burning and tingling. The pain was rated as a 6 on a 1-10 pain scale. He reported methadone medication helps improve his pain and keep it at tolerable levels. The treatment plan included bilateral L5-S1 transforaminal lumbar epidural steroid injection and medications. A request was made for methadone 10mg and one urine test.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of methadone 10mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone and ongoing management Page(s): 61 and 78-80.

Decision rationale: One (1) prescription of methadone 10mg #150 is not medically necessary per the MTUS Guidelines. The MTUS states that methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk per the MTUS. The FDA reports that they have received reports of severe morbidity and mortality with this medication. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long term opioids without significant evidence of functional improvement therefore the request for continued methadone is not medically necessary.

One (1) urine testing: 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: Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)-Urine drug testing (UDT).

Decision rationale: One (1) urine testing is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The MTUS recommends urine drug screens while on opioids to assess for the use or the presence of illegal drugs. The ODG states that urine drug tests can be recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances while on opioids. The documentation indicates that the prescribed opioids were not medically necessary therefore the request for urine testing is not medically necessary.