

Case Number:	CM15-0194995		
Date Assigned:	10/08/2015	Date of Injury:	11/25/1998
Decision Date:	11/23/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	10/05/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 49-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 25, 1998. In a Utilization Review report dated September 1, 2015, the claims administrator failed to approve a request for methadone and an "unknown lab test for medication use." The claims administrator referenced an August 6, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On June 10, 2015, methadone and Zofran were renewed. Drug testing was seemingly endorsed. The applicant was deemed "permanently disabled," it was reported. On July 8, 2015, methadone, Tagamet, and Zofran were renewed. Ongoing complaints of low back pain were reported, which the attending provider stated were "4/10 with medications" in one section of the note and "8/10 with medications" in another section of the note. The attending provider contended that the applicant's ability to bathe and dressing had been ameliorated as a result of ongoing medication consumption. The applicant developed issues with methadone-induced nausea, it was acknowledged. Once again, the applicant was deemed "permanently disabled."

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Methadone, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: No, the request for methadone, an opioid agent, is not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work and deemed permanently disabled, the treating provider reported on July 8, 2015. The treating provider reported, somewhat incongruously, that the applicant's pain scores were "8/10 with medications in one section of the note and "4/10 with medications" in another section of the note. The treating provider failed, thus, to establish evidence of material reductions in pain or meaningful, substantive improvements in function (if any) effected as a result of ongoing methadone usage. While the treating provider's reports on July 8, 2015 to the effect that the applicant's ability to do laundry, shop, bathe, and dressing as a result of ongoing medication consumption did not constitute evidence of a meaningful or substantive benefit derived as a result of ongoing methadone usage and was, moreover, outweighed by the applicant's failure to return to work. Therefore, the request is not medically necessary.

Unknown lab test for medication use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, NSAIDs, specific drug list & adverse effects.

Decision rationale: Similarly, the request for an "unknown lab test for medication use" is likewise not medically necessary, medically appropriate, or indicated here. While page 70 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that routine suggestion of laboratory monitoring in applicants on NSAIDs includes periodic assessment of an applicant's CBC and chemistry profile to include liver and renal function testing and while page 43 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledges that drug testing is recommended as an option in the chronic pain population to assess for the presence or absence of illegal drugs, here, however, it was not clearly stated precisely what laboratory testing was sought. The request as written for an "unknown lab test for medication use" was inherently ambiguous, open to a variety of different interpretations, and did not seemingly state precisely what was sought here. Therefore, the request is not medically necessary.