

<b>Case Number:</b>	CM15-0200011		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	10/05/1998
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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 45-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 5, 1998. In a Utilization Review report dated September 14, 2015, the claims administrator failed to approve requests for methadone and a urine drug test. The claims administrator referenced an RFA form received on September 8, 2015 and an associated progress note dated August 27, 2015 in its determination. The applicant's attorney subsequently appealed. On October 15, 2015, the applicant reported ongoing complaints of low back pain status post earlier epidural steroid injections, NSAIDs, and earlier IDET procedure. The applicant stated that her ability to perform activities of daily living to include laundry, washing dishes, cooking, and making her bed had all been ameliorated as a result of ongoing methadone and Oxycodone usage. The applicant's medications included Neurontin, methadone, Oxycodone, Soma, Colace, and Motrin, the treating provider reported. The applicant was described as "disabled," it was reported in the Social History section of the note. Methadone and urine drug testing were seemingly endorsed while the applicant was kept off of work. The attending provider suggested that methadone was being employed for chronic pain purposes as opposed to addiction purposes. The applicant had undergone earlier drug testing on January 9, 2015, which did include confirmatory and quantitative testing of multiple different opioid metabolites, despite the fact that a preliminary drug testing was consistent with prescribed opioids. On August 27, 2015, the applicant reported ongoing complaints of low back pain, with reported 25% to 50% improvement with medication consumption. The applicant reported issues with financial constraints. The applicant could not afford paying for gas to go to and from

doctor's appointments, it was reported. The applicant was described as "disabled," the treating provider reported in the Social History section of the note. The applicant's medications included Neurontin, methadone, Oxycodone, Soma, Colace, and Motrin, the treating provider reported, several of which were renewed and/or continued while the applicant was seemingly kept off of work. It was not explicitly stated when the applicant was last drug tested. The applicant had received an epidural steroid injection some 1 month prior, the treating provider reported.

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

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

**Retro DOS: 8.27.15 Methadone 10mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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, was 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 had been deemed "disabled," the treating provider reported on August 27, 2015. While the treating provider did outline a reported reduction in pain score of 25% achieved as a result of ongoing medication consumption on a progress note dated October 15, 2015, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to identify meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing methadone usage. The attending provider's commentary to the effect that the applicant's ability to perform laundry, making her bed, and washing dishes in unspecified amounts, taken together, did not constitute evidence of a meaningful, material, and/or substantive improvement in function (if any) effected as a result of ongoing methadone usage. Therefore, the request was not medically necessary.

**Retro DOS: 8.27.15 Urine drug test: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dosing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

**Decision rationale:** Similarly, the request for a urine drug test (UDT) performed on August 27, 2015 was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend intermittent drug testing in the chronic pain population, to assess for the presence or absence of illegal drugs, the MTUS does not establish specific parameters for or identity a frequency with which to perform drug testing. ODGs Chronic Pain Chapter Urine Drug Testing topic, however, does stipulate that an attending provider attach an applicant's complete medication list to the

request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, clearly state which drug tests and/or drug panels he intend to test for, attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing, and attempt to categorize applicants into higher or lower risk categories for whom more or less frequent drug testing would be indicated. Here, however, the attending provider did not state when the applicant was last drug tested. There was no mention of whether the applicant was a higher or lower risk individual for whom more or less frequent drug testing would have been indicated. The attending provider had, moreover, previously performed confirmatory and quantitative drug testing, despite the unfavorable ODG position on the same. Since multiple ODG criteria for pursuit of drug testing were not seemingly met, the request was not indicated. Therefore, the request was not medically necessary.