

<b>Case Number:</b>	CM15-0056684		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	12/13/1999
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 61-year-old male, with a reported date of injury of 12/13/1999. The diagnoses include shoulder disorder, cervical disc degeneration, cervical postlaminectomy syndrome, cervical radiculitis, ulnar nerve lesion, radial nerve lesion, left lateral epicondylitis, status post left carpal tunnel release with residual, and carpal tunnel syndrome. Treatments to date have included oral medications, anterior cervical discectomy at C5-6 in 11/2004, left carpal tunnel release, x-rays of the cervical spine, and MRI of the cervical spine. The progress report dated 02/17/2015 indicates that the injured worker complained of left upper extremity pain. He rated the pain 6 out of 10. It was noted that the injured worker stated that Methadone decreased his pain and increased his functional capacity and that there were adverse effects. The physical examination showed decreased cervical range of motion, full range of motion of the left shoulder, and decreased sensation to touch in the left thumb and first and second digits. The treating physician requested Methadone 10mg #180, four serum drug screens over one year, and Zanaflex 6mh #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** Based on the 02/17/15 progress report provided by treating physician, the patient presents with neck pain, right hand pain and bilateral hand numbness rated 6/10 with medications. The request is for METHADONE 10MG #180. The patient is status post anterior cervical discectomy C5-6 November 2004, and bilateral carpal tunnel release 2001 and 2002. RFA not provided. Patient's diagnosis on 02/17/15 included cervical posterior laminectomy syndrome, degeneration cervical disc, cervical radiculitis, shoulder disorder, carpal tunnel syndrome, lesion ulnar nerve, and lesion radial nerve. Patient medications include Methadone, Zanaflex, Glipizide, Glucophage, Lisinopril, Metformin, and Soma. The patient is working, however permanent and stationary per agreed medical evaluator, per 02/17/15 report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Methadone has been included in patient's medications, per treater reports dated 06/10/14, 11/25/14, and 02/17/15. Per progress report dated 02/17/15, treater states "Methadone helps this patient work... This patient's compliance is well monitored and we feel the medication is reasonably necessary to maximize his functional capacity, as does the patient." The patient has a total pain-related impairment score of 40, which places patient in a moderate impairment category. The patient is in a high risk category on the basis of the continued required utilization of schedule II opioids (Methadone) for opioid-responsive rescue pain." Treater states that the patient has opioid pain agreement and medications will be provided by one physician only, as well as CURES monitoring. In this case, treater has documented decrease in pain with numerical scales and significant improvement in function with the use of this medication, since the patient is working. However, UDS dated 06/10/14 was provided for review and revealed inconsistent results. Treater also states in 02/17/15 report that patient "often has to self-procure the Methadone, as there are problems getting it authorized by his insurance carrier," which indicates non-compliance. In addressing the 4A's , there are no discussions on aberrant behavior, adverse effects, etc. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines and inconsistent UDS results, the request IS NOT medically necessary.

**4 Serum drug screens over 1 year:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing; Steps to avoid opioid misuse Drug testing Page(s): 86-87, 94-95, 43. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter under Urine Drug Testing.

**Decision rationale:** Based on the 02/17/15 progress report provided by treating physician, the patient presents with neck pain, right hand pain and bilateral hand numbness rated 6/10 with medications. The request is for 4 SERUM DRUG SCREENS OVER 1 YEAR. The patient is status post anterior cervical discectomy C5-6 November 2004, and bilateral carpal tunnel release 2001 and 2002. RFA not provided. Patient's diagnosis on 02/17/15 included cervical posterior laminectomy syndrome, degeneration cervical disc, cervical radiculitis, shoulder disorder, carpal tunnel syndrome, lesion ulnar nerve, and lesion radial nerve. Patient medications include Methadone, Zanaflex, Glipizide, Glucophage, Lisinopril, Metformin, and Soma. The patient is working, however permanent and stationary per agreed medical evaluator, per 02/17/15 report. MTUS pages 86-87, briefly mentions serum levels when dealing with Methadone, on "Opioids, dosing" section, stating: When switching from an established dose of methadone to another opioid, we must consider that measurable methadone serum levels will be around for days, so both drugs are now readily available, increasing the overall risk for opioid toxicity. MTUS pages 94-95 for "Steps to avoid opioid misuse", does not list serum drug testing, but does recommend frequent random urine toxicology screens. MTUS pg 43 under Drug testing states "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." ODG-TWC, Pain Chapter under Urine Drug Testing states: 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. If required, confirmatory testing should be for the questioned drugs only. Per progress report dated 02/17/15, treater states "request authorization for blood draw to determine if serum opiate concentrations are within expected steady state range and to ensure compliance with our opioid agreement... The patient is in a high risk category on the basis of the continued required utilization of schedule II opioids (Methadone) for opioid-responsive rescue pain." Treater provided risk assessment, which indicates reasoning for 4 sets of serum drug screens. However, MTUS recommends urine, not serum, drug screens to detect compliance with the opioid agreement. There is no discussion as to why the physician believes serum blood screens will determine a "steady state range", nor documentation reporting this patient is unable to provide a urine sample. Therefore, the request for 4 serum drug screens IS NOT medically necessary.

**Zanaflex 6mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants ANTISPASTICITY/ANTISPASMODIC DRUGS Medications for chronic pain Page(s): 63-66, 60.

**Decision rationale:** Based on the 02/17/15 progress report provided by treating physician, the patient presents with neck pain, right hand pain and bilateral hand numbness rated 6/10 with medications. The request is for ZANAFLEX 6MG #30. The patient is status post anterior cervical discectomy C5-6 November 2004, and bilateral carpal tunnel release 2001 and 2002. RFA not provided. Patient's diagnosis on 02/17/15 included cervical posterior laminectomy

syndrome, degeneration cervical disc, cervical radiculitis, shoulder disorder, carpal tunnel syndrome, lesion ulnar nerve, and lesion radial nerve. Patient medications include Methadone, Zanaflex, Glipizide, Glucophage, Lisinopril, Metformin, and Soma. The patient is working, however permanent and stationary per agreed medical evaluator, per 02/17/15 report. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66:"

ANTISPASTICITY/ANTISPASMODIC DRUGS: Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater has not provided reason for the request. Zanaflex is included in patient's medications per treater report dated 02/17/15. It is not known when Zanaflex was initiated. Zanaflex is allowed for myofascial pain, low back pain and fibromyalgia conditions per MTUS. Given patient's symptoms and diagnosis, Zanaflex would be indicated by guidelines. However, MTUS p60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, there is no documentation of medication efficacy to warrant continued prescription of Zanaflex. The request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.