MAXIMUS Federal Services

Case Number:	CM14-0168206		
Date Assigned:	10/15/2014	Date of Injury:	04/12/2007
Decision Date:	11/18/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	10/13/2014

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 Family 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 patient had a date of injury on 4/12/2007. The patient injured his lower back at work.Patient continues to have chronic back pain as well as anxiety, depression, and constipation. Diagnosis include: chronic pain syndrome, low back pain with radiculopathy, lumbar degenerative disc disease, post lumbar laminectomy syndrome, depression, anxiety, chronic opioid analgesic therapy. Patient's treatment has included lumbar laminectomy and discectomy and physical therapy. Medications include Methimazole, stool softner, Trazadone, Oxycodone, Klonopin, and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

One urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, step to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), urine drug screen

Decision rationale: According to guidelines it states urine drug screens should be done on new patients starting opioids or yearly for patient on opioids. According to the patient's medical

records there is a recommendation to discontinue opioids and therefore urine drug screen is not medically necessary.

One complete electrocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) EKG and Methadone,

Decision rationale: According to guidelines it states patient's on Methadone have an increased risk of QT prolongation and torsade de pointes but there is no evidence stating and EKG needs to be done when prescribing Methadone. Based on this EKG is not medically necessary.

One prescription of Methadone 5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone (Dolophine, Methadose oral dosage forms, generic availab.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61-62.

Decision rationale: Methadone is used for detoxification and maintenance of narcotic addiction. It is used as second line treatment for moderate to severe pain if the benefits outweigh the risks. According to the patient's medical records the patient will be weaning off of opioids and thus Methadone is not medically necessary.

One prescription of Klonopin 0.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to guidelines it states Klonopin can lead to a rapid tolerance and dependence and should be limited to 4 weeks. This patient is already diagnosed with being dependent on opioids and Klonopin would only lead to further dependence. The patient should not be on Klonopin longer then the four week recommendation and thus not medically necessary.

One prescription of Oxycodone HCL 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-87.

Decision rationale: According to guidelines it states Oxycodone should only be used for short term due to the risk of dependence and addiction. It should only be used for moderate to severe pain. Based on the medical records the patient is weaning off opioids and there is indication the patient has become dependent and thus Oxycodone is not medically necessary.