MAXIMUS Federal Services

| Case Number: | CM15-0129107 | | |
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| Date Assigned: | 07/15/2015 | Date of Injury: | 07/17/2006 |
| Decision Date: | 08/13/2015 | UR Denial Date: | 06/08/2015 |
| Priority: | Standard | Application Received: | 07/03/2015 |

## 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, Pain Management

## CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 56-year-old male sustained an industrial injury to the low back on 7/17/06. Recent treatment consisted of medication management. Documentation did not disclose recent magnetic resonance imaging. In PR-2's dated 12/10/14, 1/14/15, 2/11/15 and 3/11/15, the injured worker complained of pain 4-5/10 on the visual analog scale with medications. The injured worker was prescribed Klonopin and Methadone. In a PR-2 dated 5/6/15, the injured worker stated that he was undergoing anxiety and stress due to the hospitalization of his mother. The injured worker stated that he was not thinking about his pain; however, with the help of medications he was fully functional. Physical exam was remarkable for lumbar spine with tenderness to palpation at the lumbar spine paravertebral area, worse at L4-5 and L5-S1 with decreased range of motion and decreased bilateral lower extremity deep tendon reflexes and sensation. Current diagnoses included chronic low back pain, anxiety, stress and panic disorder. The treatment plan included a urine toxicology screening and continuing medications (Methadone and Klonopin).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

**Decision rationale:** Regarding the request for methadone, Chronic Pain Medical Treatment Guidelines state methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. Within the documentation available for review, methadone is being prescribed as the primary treatment for the patient's pain. There is documentation of functional benefit and reduction of pain scale. However, there is no documentation identifying why methadone is being prescribed as a second-line drug and the potential benefit outweighs the risk. Furthermore, there is no discussion regarding side effect and no monitoring of aberrant use in the submitted documentation. In the absence of such documentation, the currently requested methadone is not medically necessary.

**Urine Drug Screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Toxicology Testing Page(s): 76-79.

**Decision rationale:** Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option in patients on controlled substances. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. There risk stratification is an important component in assessing the necessity and frequency of urine drug testing. With the documentation available for review, there is documentation of prescription of controlled substances including clonazepam and methadone. However, there is no notation of when the last previous urine toxicology testing was done, as there have been multiple requests for urine screen since January 2015. Furthermore, there is no risk factor assessment, such as the utilization of the Opioid Risk Tool or SOAPP is apparent in the records, which would dictate the schedule of random periodic drug testing. Given this, this request is not medically necessary.