

Case Number:	CM15-0098794		
Date Assigned:	06/01/2015	Date of Injury:	09/08/2004
Decision Date:	07/07/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/21/2015

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 59-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of September 8, 2004. In a Utilization Review report dated April 20, 2015, the claims administrator partially approved a request for methadone, penicillin for tapering purposes; denied a urine drug screen; and denied a HELP comprehensive chronic pain management program. The claims administrator referenced a March 26, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In a progress note dated January 26, 2015, the applicant reported ongoing complaints of low back and neck pain. The applicant had comorbidities including hepatitis C, hypothyroidism, and alleged hypogonadism, it was reported. The applicant stated that his medications were helpful, but acknowledged that he was having difficulty performing stooping, bending, lifting, carrying, and pushing. The applicant was asked to continue methadone, Norco and several topical compounded medications as well as lumbar support. A HELP comprehensive chronic pain management program to include behavioral therapy and medication detoxification was proposed. Regular exercise was also sought. The applicant's work status was not clearly detailed, although it did not appear that the applicant was working following imposition of permanent work restrictions on March 9, 2009. On March 26, 2015, the attending provider again reiterated a request for the HELP comprehensive chronic pain management program to include behavioral therapy and possible medication detoxification. A lumbar support, topical compounded medicines, Norco and methadone were renewed. The applicant's work status was not specifically status, although it did not appear that the applicant was working following imposition of permanent work restrictions on March 9, 2009. The applicant continued to state that his medications were beneficial, but acknowledged that he had difficulty with stooping, reaching, lifting, carrying, pushing, or pulling activities. The applicant's pain complaints were

highly variable and fluctuate between 1 to 9/10, it was reported. A drug testing performed on March 20, 2015 did include confirmatory and quantitative testing on multiple different opioid and benzodiazepine metabolites.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10 MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for methadone, a long-acting opioid, 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 did not appear to be working following imposition of permanent work restrictions on March 9, 2009, it was suggested on a progress note dated March 26, 2016. While the attending provider stated that the applicant's medications were beneficial in terms of attenuating the applicant's pain complaints, these reports were, however, seemingly outweighed by the applicant's failure to return to work and the attending provider continued to report that the applicant was having difficulty performing activities of daily living as basic as lifting, carrying, pushing, pulling, bending, stooping and reaching overhead. Therefore, the request was not medically necessary.

Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines Pain (Chronic), Urine drug testing (UDT).

Decision rationale: Similarly, the request for urine drug screen was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, stipulates 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 when an applicant was last tested in an attempt to categorize the applicants into higher- or lower- risk cases for whom more or less frequent drug testing would be indicated. Here, however, the attending provider did not clearly state when the applicant was last tested. Nonstandard confirmatory and quantitative testing were performed, despite the unfavorable ODG position on the same despite the unfavorable ODG position on the same. Since multiple ODG criteria for pursuit for drug testing were not met, the

request was not medically necessary.

HELP Program for Consultation and Comprehensive Chronic Pain Management Including a Possibility of Detoxification and Behavior Therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Patients with Intractable Pain; Chronic pain programs (functional restoration programs) Page(s): 6; 32.

Decision rationale: Similarly, the HELP chronic pain program/functional restoration program to include detoxication and/or behavioral therapy was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 6 of the MTUS Chronic Pain Medical Treatment Guidelines, the longer an applicant has suffered from chronic pain, the less likely treatment including a comprehensive functional restoration multidisciplinary pain program, will be effective. Page 6 of the MTUS Chronic Pain Medical Treatment Guidelines goes on to note that the longer an applicant remains off of work, the less likely it is that he or she will return. Here, it did not appear that the applicant had returned to work following an industrial injury of September 8, 2004. The applicant has had chronic, longstanding pain complaints. As suggested on page 6 of the MTUS Chronic Pain Medical Treatment Guidelines, the applicant did not appear to be an ideal candidate for the program, given the duration of his disability, and given the duration of his chronic pain complaints. While page 6 of the MTUS Chronic Pain Medical Treatment Guidelines does qualify its position by noting that an evaluation for admission for treatment in a multidisciplinary treatment program should be considered in applicants who prepare to make the effort to try and improve, here, however, it did not appear that the applicant was prepared the applicant try and improve. There was no mention of the applicant's willingness to forego disability and/or indemnity benefits in an effort to try and improve. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that one of the cardinal criteria on for pursuit of functional restoration program has evidenced that previous methods of treating chronic pain have proven unsuccessful and there is an absence of other options likely resulting in the significant clinical improvement. Here, the attending provider stated that the purpose of multidisciplinary pain program is to wean the applicant off of medications and/or to have the applicant undergo behavioral therapy. It was not clear why the applicant could not undergo opioid weaning and/or opioid detoxification on an outpatient basis if so desired. It was not clearly stated or established why the applicant could not undergo psychological counseling and/or receive other psychiatric treatment modalities. There were, thus, other options to treat the applicant's various and sundry chronic pain and mental health complaints which had not seemingly been explored. Therefore, the request was not medically necessary.

