

<b>Case Number:</b>	CM13-0040861		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	04/06/1999
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Occupational 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:

Patient is a 41 year old male with date of injury 4/06/1999. A spinal surgery second opinion exam, dated 11/20/2013 lists subjective complaints as right-sided low back pain. Patient also states that his left leg buckles causing him to rely on a walker. Objective findings: Examination of the back and lower extremities showed tenderness at the L4 spinous process level and sciatic notches showed tenderness bilaterally. Lumbar muscles were not palpable because a thick 3-inch layer of fat above them. Forward bending from the waist and straight leg raising bilaterally both produced low back pain. An EMG exam showed chronic L5 left radiculopathy. Diagnosis: Postop status following L4, L5, S1 stabilization with failed back syndrome 2. L3 diskogenic pain 3. Exogenous obesity 4. Opioid dependency. Physician noted that with considerable weight loss, most of his pain and possibly drug dependency would disappear. The medical records document that the patient has taken the following medications since at least back to 1/25/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**METHADONE 10 MG #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation LOW BACK COMPLAINTS (ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004), CHAPTER 12) TABLE 2; SUMMARY OF RECOMMENDATIONS, LOW BACK DISORDERS, ODG WORKERS COMPENSATION

DRUG FORMULARY (ONLINE VERSION), WWW.DRUGS.COM, EPOCRATES ONLINE, MONTHLY PRESCRIBING REFERENCE, WWW.EM

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CITATION: OFFICIAL DISABILITY GUIDELINES (ODG) PAIN (CHRONIC), OPIOIDS, METHADONE.

**Decision rationale:** The patient is on numerous opiate medications including methadone. There is no documentation that the patient has been able to return to work or has shown any functional improvement as a result of the opiate treatment. The ODG states the following: When to Continue Opioids: -If the patient has returned to work - If the patient has improved functioning and pain The continued use of methadone is not medically necessary.