

<b>Case Number:</b>	CM13-0041219		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	09/27/2007
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular 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 physician 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 is a 39 year old woman who sustained work-related injuries on September 27, 2007 and August 28, 2008. She subsequently developed chronic neck and shoulder pain. She has a history of right shoulder injury and a stretch injury of her right brachial plexus on 2010. According to the progress note of September 25, 2013, the patient reported shoulder pain with severity rated 5/10 and neck pain with severity rated 8/10. Her physical examination demonstrated right shoulder weakness with reduced range of motion. The patient was treated with several pain medications including Norco, Cymbalta, Gabapentin Topiramate and Medrol. The patient was diagnosed with cervical pain, rotator cuff impingement and facet capsular tear in addition to other shoulder disorders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Methadone 5mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 179.

**Decision rationale:** According to MTUS guidelines, Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This is related to the half-life of 8-59 hours versus the length of pain relief (typically 4-8 hours). Methadone should only be prescribed by providers experienced in using it. According to MTUS guidelines, ongoing use of opioids should follow the following rules: (1) All prescriptions should come from a single practitioner and a single pharmacy; (2) The lowest possible dose should be prescribed; (3) Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should take place. Pain assessment should include current pain, least reported pain, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. These domains have been summarized as the "4 A's": analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Methadone is a long acting opioid that should be used with caution when its benefit is superior to its risk. The patient still complains of moderate to severe right shoulder pain and neck pain despite the use of several pain medications, including opioids. There is no clear evidence of patient compliance with her medications. In addition, the provider has to document ongoing efficacy with prior use of opioids in order for continuation to be recommended. Therefore, the request is not medically necessary, and is noncertified.