

<b>Case Number:</b>	CM13-0049413		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/29/2002
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 46-year-old male who reported an injury on 04/29/2002. The mechanism of injury was not provided for review. The patient ultimately developed chronic back pain that was managed with medications. The patient's most recent medication schedule included Prilosec, AndroGel, Klonopin and methadone. The patient was regularly monitored for aberrant behavior with urine drug screens. The patient's most recent clinical examination documented that the patient had continual back pain that was relieved with medications. Physical findings included 9/10 pain without medications, reduced to a 7/10 pain with medications. It was noted that the patient's medication usage allowed the patient to participate in activities of daily living and activities outside of the home. The patient's diagnoses include neck pain, cervical strain, facet arthropathy, degenerative disc disease of the cervical spine, chronic pain syndrome, low back pain, and adjustment disorder with anxiety. The patient's treatment plan included continuation of medications and referral for psychiatric support.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Klonopin 0.5mg #60, one (1) by mouth twice a day, as needed for anxiety: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

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

**Decision rationale:** The Chronic Pain Guidelines do not recommend a morphine equivalent dose greater than 120 mg per day. The requested medication exceeds this recommendation. Methadone HCL 10 mg every 4 hours equals 600 mg. Although the clinical documentation does indicate that the patient is regularly monitored for aberrant behavior, has functional benefit from medication usage, and does have a reduction in pain, the requested medication is well in excess of guideline recommendations. The clinical documentation failed to include exceptional factors to support extending treatment beyond guideline recommendations. As such, the requested Methadone HCL 10 mg #135, one (1) by mouth every four to six (4 to 6) hours for pain is not medically necessary and appropriate.

**Methadone HCL 10mg #135, one (1) by mouth every four to six (4 to 6) hours for pain:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 62, 80-93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing Page(s): 86.

**Decision rationale:** The Chronic Pain Guidelines do not recommend a morphine equivalent dose greater than 120 mg per day. The requested medication exceeds this recommendation. Methadone HCL 10 mg every 4 hours equals 600 mg. Although the clinical documentation does indicate that the patient is regularly monitored for aberrant behavior, has functional benefit from medication usage, and does have a reduction in pain, the requested medication is well in excess of guideline recommendations. The clinical documentation failed to include exceptional factors to support extending treatment beyond guideline recommendations. As such, the requested Methadone HCL 10 mg #135, one (1) by mouth every four to six (4 to 6) hours for pain is not medically necessary and appropriate.