

<b>Case Number:</b>	CM13-0049560		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/13/2008
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 was a 55 year-old male with an unspecified injury on 08/13/2008 resulting in pain to his neck, left shoulder, and left knee. The patient was noted to have a total shoulder surgery replacement on 09/19/2012. The documentation submitted for review noted the patient was seen on 12/10/2012, which indicates the patient was treated for his pain with methadone 10 mg 3 tabs 4 times a day for chronic pain and Cymbalta 60 mg 2 tabs daily. It was further noted the patient had a urinalysis done on 12/10/2012, which revealed inconsistent findings with the patient's pain management regimen. The documentation further noted the patient was seen on 07/17/2013, with a urinalysis conducted with findings that were again inconsistent with the patient's pain management regimen. The documentation submitted for review noted the patient was seen on 10/10/2013, which noted the patient had pain to his left shoulder. The patient was status post 16 physical therapy sessions, which gave him some relief. The patient noted that his pain radiated up the left upper back and neck. The documentation noted the patient's pain was 10/10 without medication and 2/10 with his current pain management regimen, which included the methadone. It was further noted the patient stated he was able to perform his ADLs, do grocery shopping, walking, driving, and self-care with the use of his medications. Objective findings of the examination were severe decreased range of motion of the left shoulder with abduction, flexion, and extension, and tenderness to palpation of right AC joint. The treatment plan was noted as continuing methadone for chronic pain as the patient was not able to participate in physical therapy due to pain which is inconsistent with the previous statement that the patient had completed 16 physical therapy sessions with some pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**360 Tablets of Methadone 10mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone, Criteria for use of Opioids, On-Going Management..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone, Criteria for Use of Opioids and Opioids Dosing, Methadone, On-Going Management, Pages.

**Decision rationale:** The request for 360 tablets of methadone 10 mg is non-certified. The documentation submitted for review noted the patient had 80% pain relief with the medication and was able to participate in ADLs with improved functionability. The California MTUS Guidelines recommend the use of opioids be dependent on the patient's analgesic effect and activities of daily living. However, there is no current documentation supporting the need or indications for the patient's continued use of methadone. Furthermore, the patient had 2 inconsistent drug urinalyses submitted for review and no consistent drug urinalysis submitted for review. The guidelines recommend discontinuation of opioid treatment if there are repeated violations from the medication contract or any other evidence of abuse, addiction, or possible diversion. The guidelines further recommend that dosing not exceed 120 mg oral morphine equivalents per day. The documentation submitted for review noted the patient was taking 120 mg of methadone daily, which is equal to 1440 morphine equivalents; therefore, indicating the patient was far exceeding the guideline recommendations for dosing of methadone. Given the information submitted for review, the request for 360 tablets of methadone 10 mg is non-certified.