

<b>Case Number:</b>	CM13-0059526		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/02/2011
<b>Decision Date:</b>	04/09/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 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 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 has filed a claim for chronic pain syndrome, chronic hip pain, chronic bilateral shoulder pain, and chronic knee pain reportedly associated with an industrial injury of August 2, 2011. Thus far, the applicant has been treated with the following: Analgesic medications, including long-acting opioids; attorney representation; prior hip arthroscopy surgeries in February and August 2012; earlier shoulder and knee surgeries at various points in time; and transfer of care to and from various providers in various specialties. In a utilization review report of November 18, 2013, the claims administrator denied a request for methadone, stating that it was not clear why the applicant needed to use both methadone and Suboxone for detoxification purposes. An earlier progress note of August 26, 2013 is notable for comments that the applicant is on Celebrex, Chantix, Cialis, Elavil, methadone, Norco, OxyContin, Soma, Suboxone, and Desyrel. It is not clear how updated the applicant's medication list is. A later note of November 6, 2013 is notable for comments that the applicant is using methadone which reportedly ameliorate his performance of activities of daily living. The applicant is now off of Suboxone, it is stated on this occasion. He has ongoing groin complaints. He states that methadone is ameliorating his function in terms of walking and further denies any associated side effects. Operating diagnoses include hip pain, opioid abuse, insomnia disorder, erectile dysfunction, and tobacco use. A prescription for methadone is renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**METHADONE 10MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 80.

**Decision rationale:** As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the "lowest possible dose" of opioids should be prescribed to improve pain and function. In this case, it has not been clearly stated why the applicant needs to use so many different opioids, including Norco, Suboxone, methadone, OxyContin, etc., at various points in time. While the script simply represented the attending provider's failure to update the applicant's medication list on each office visit, it is not clear which opioid the applicant is in fact using and which opioid the applicant is not using. It is further noted that page 80 of the MTUS Chronic Pain Medical Treatment Guidelines states that the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of ongoing opioid therapy. In this case, the applicant is off of work, on total temporary disability. While there are some reports on some occasions that the applicant's pain medication usage has ameliorated his ability to perform activities of daily living, this has not clearly detailed or clearly expounded upon. The applicant's reported increased function in terms of basic activities of daily living such as walking appears to be negligible or minimal and is outweighed by the applicant's failure to return to any form of work, the fact that the applicant has complained that various opioids have been ineffective at various points in time, and the fact that the applicant has failed to return to any form of work, several years removed from the date of injury. The request remains non-certified, on Independent Medical Review.