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| <b>Case Number:</b>   | CM13-0061863 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 08/19/2002 |
| <b>Decision Date:</b> | 04/04/2014   | <b>UR Denial Date:</b>       | 11/15/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/05/2013 |

### 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 Internal 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 46-year-old male who reported an injury on 08/19/2002 due to a trip and fall that reportedly caused injury to the patient's low back. The patient's treatment history included physical therapy, medications, acupuncture, chiropractic care, lumbar epidural steroid injections and extensive psychiatric support. The clinical documentation submitted for review does indicate that the patient has been on methadone since at least 08/2010; however, there was no recent clinical documentation submitted with the request to support the ongoing use of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62.

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

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend the continued use of opioids in the management of chronic pain be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects and documentation that the patient is monitored for aberrant behavior. There was no recent clinical documentation to support the

efficacy of this medication. Therefore, the continued use would not be indicated. Additionally, there was no documentation that the patient has been recently monitored for any aberrant behavior. Therefore, the continued use of this medication would not be supported. As such, the requested methadone 5 mg #60 is not medically necessary or appropriate.

**Meloxicam 7.5mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on NSAIDs Page(s): 60,67.

**Decision rationale:** The requested meloxicam 7.5 mg #30 is not medically necessary or appropriate. The MTUS Chronic Pain Guidelines recommend the use of nonsteroidal anti-inflammatory drugs in the management of a patient's chronic pain. However, the MTUS Chronic Pain Guidelines recommend that any medication used in the management of chronic pain be supported by documentation of functional benefit and the assessment of pain relief. There was no recent clinical documentation to assess the appropriateness of this medication for this patient. Therefore, the continued use would not be indicated. As such, the requested meloxicam 7.5 mg #30 is not medically necessary and appropriate.