

<b>Case Number:</b>	CM13-0064036		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/15/2009
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 Emergency 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:

This patient has a date of injury of 5/15/2009. The mechanism of injury not provided. Patient has a diagnosis of brachial neuritis/radiculitis, thoracic lumbar neuritis, anxiety, lumbago/lumbar disc disease and lumbar disc degeneration. Multiple records reviewed from primary treating physician and consultants. Last report available until 1/13/14. The patient complains of middle back pain and left hip pain radiating to left leg with numbness and tingling. Pain rated at 5-6/10. Pain medications reported to be "helping". Review of records reveal some contradiction in reports concerning if symptoms are to the right side or the left side but several reports from orthopedist specifically states that this was in error and the symptoms, supported by EMG and MRI point to the left side. Objective exam reveals limited range of motion (ROM) of lumbar spine, paravertebral spasms, tenderness and tight muscle band noted on both sides. Positive straight leg raise on L side to 60degrees. Tenderness over sacroiliac spine and decreased light touch to L lateral calf. The patient noted to have a history of opioid drug abuse. The patient is noted to be motivated to undergo methadone detox program. Pt is also undergoing drug monitoring program. MRI's are discussed in the report but no actual report is provided. MRI from 7/7/12 is noted to have L5-S1 disc protrusion. Current medications include cyclobenzaprine, gabapentin, laxacin, methadone, naproxen, pantoprazole and amoxicillin-last updated list on 10/23/13. Utilization review is for prescription for methadone 10mg #49 with 4 refills. Prior utilization review on 11/11/13 recommended approval with modification to no refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone, 10mg, 49 count weith four refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Section Page(s): 61-62.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, methadone is a second line treatment for pain. There are significant risks in methadone treatment that must be weighed against benefit. Patient has a history of opioid dependency/abuse and is undergoing drug detox program. In close consultation with a detox program, methadone is an appropriate secondary treatment for pain and weaning off opioid dependency in this patient due to risk of abuse of other opioids. However, according to the Chronic Pain Medical Treatment Guidelines, methadone treatment requires close monitoring due to risk of abuse and risk of adverse events. Several of the medications currently being taken by the pt has this risk. The number of refills are excessive and do not meet the close monitoring requirement as required by the Chronic Pain Medical Treatment Guidelines. The request for Methadone, 10mg, 49 count weith four refills, is not medically necessary or appropriate