

<b>Case Number:</b>	CM13-0069157		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/31/2003
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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 expert 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 is a 63-year-old male who sustained a work related injury to his neck on 7/31/2003 that resulted in having to undergo three surgeries including a C5-6 hemilaminectomy with spinal fusion to address pain related issues. Since then he has been in chronic cervical pain. The provided medical documentation beginning March 18, 2012 addresses the patient's narcotic use, going so far to document: "issue of toxic exposure addressed (chronic narcotic use) (of) Norco and Methadone." The patient has been receiving Methadone on a monthly basis since June 11, 2012. A urine drug screen dated Oct 25, 2012 is positive for methadone use. The patient's monthly refill of his narcotic pain medications remained continuous through July 29, 2013. Afterward a monthly request for continued use to approving authorities is made. The recommendation from reviewing providers is to wean the patient from the use of methadone with expressed weaning from other forms of narcotics (Norco). A urine drug screen dated 11/21/2013 that was collect on 10/9/13 does not detect Methadone, but does identify hydrocodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Methadone 5mg qty 90:** Upheld

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

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

**Decision rationale:** Previous requests by Independent Medical Reviewers recommended weaning the patient from Methadone use which, by documentation of urine drug screening collected on Oct 9, 2013 and reported on 11/21/2013, was successful. Considering the provider's concern for 'issue of toxic exposure address (chronic narcotic use) of Norco and Methadone' on medical examination report dated March 18, 2012, coupled with the patient's continued prescription of Methadone prior to and since that time and the fact that Methadone is FDA approved for detoxification and maintenance of narcotic addiction; the continued prescription is not medically necessary.