

<b>Case Number:</b>	CM13-0070208		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	06/27/2008
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 Physical Medicine & Rehabilitation 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 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:

The injured worker is a 48 year old male who reported an injury on 06/27/2008 while lifting an oven. The injured worker was diagnosed with chronic left cervical radiculopathy status post C5-6 fusion around 11/08 with persistent residual numbness and radicular pain. On 10/16/2013, it was noted that the injured worker rated his pain at a 5/10 with medications and 9-10/10 without medication. The clinical documentation submitted does not reflect when the injured worker was started on Methadone or Soma and the last urine drug screen was 02/12/2012 which tested positive for Methadone and Soma, both of which were prescribed. The range of motion testing completed on 10/16/2013 showed flexion=70%, extension=60, right lateral flexion=70, left lateral flexion=70, and Spurling's sign positive. The request was for Methadone 10mg, one tablet four times a day #120, and Soma 350mg, one tablet three times per day, #90 for better pain control during increased work activity and physical demands.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**METHADONE 10MG, ONE (1) TABLET FOUR TIMES PER DAY, #120,:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61,62,93.

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

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend Methadone as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk due to the severe morbidity and mortality rate. The clinical documentation submitted for review lack details regarding the injured worker's previous medication history, such as first-line treatments attempted prior to initiating to Methadone. The clinical documentation submitted also failed to specifically address how the benefit outweighs the risk. In the absence of this information, Methadone is not supported as the MTUS Chronic Pain Guidelines only recommend its use as a second-line medication when the benefits have been clearly shown to outweigh the risk of serious adverse effects. Therefore, the request is not medically necessary and appropriate.

**SOMA 350MG, ONE (1) TABLET THREE (3) TIMES PER DAY, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29,65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on Carisoprodol Page(s): 65.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend Soma should not be used for longer than a 2 to 3 week period. The clinical documentation submitted for review shows that the patient has been taking Soma since at least 2012 which far exceeds the MTUS Chronic Pain Guideline's limit of 2-3 weeks. Therefore, the request is not medically necessary and appropriate.