

<b>Case Number:</b>	CM14-0002984		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	06/14/2004
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, 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:

This 59-year-old male patient has submitted a claim for chronic low back and leg pain associated with an industrial injury date of 6/14/2004. The treatment to date has included, physical therapy sessions with the use of transcutaneous electrical nerve stimulation (TENS) unit, home exercise program, and medications including, Robaxin 750 mg taken since at least August 2012, and Methadone 10 mg taken since at least 2009. The medical records from 2012-2013 were reviewed which showed constant low back and leg pain described as severe and pulsating which radiates across his back and down to both his lower legs. His average pain scale was 7/10. The condition was worsened with prolonged sitting, standing, walking, lifting and bending and improved with medication and rest. There was moderate interference with his activities of daily living (ADLs). Physical examination of the lumbar spine revealed tenderness and tightness across the lumbosacral area over the phasic and postural musculature. Gait is antalgic. There is 50% restriction of flexion, 30% with extension, positive straight leg raised bilaterally, negative Patrick's test. A Utilization review from 12/9/2013 modified the request of 1 prescription of Methadone 10mg #90 to a certification of 1 prescription of Methadone 10 mg #20 between 11/1/2013 and 2/3/2014 for tapering purposes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROSPECTIVE REQUEST FOR ONE (1) PRESCRIPTION OF METHADONE 10MG, #90:** Overturned

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

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

**Decision rationale:** As stated in the California MTUS Chronic Pain Medical Treatment Guidelines, Methadone is recommended as a second line drug for moderate to severe pain if the potential benefit outweighs the risk. In this case, the patient has been on Methadone since 2009. The progress report dated 12/9/13 indicated that patient was able to keep pain within manageable level upon intake of medication to allow him to complete necessary activities of daily living. In addition to this, no side effects were noted related to the intake of Methadone. The patient is closely followed and monitored. Compliance was demonstrated. Benefits outweighed the risk. Therefore, Methadone 10mg #90 is medically necessary.