

<b>Case Number:</b>	CM14-0003047		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	06/14/2004
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	12/13/2013
<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 Family 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 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:

A 60 year old male sustained a work related injury involving the neck, back and legs. He has a diagnosis of lumbar disc disease, myofascial pain and Lumbar radiculitis. His pain has been managed with muscle relaxants and Methadone since at least 2010. A progress note on 11/13/13 indicated the injured worker had continued 7/10 pain in the back and legs. Exam findings included tenderness in the lumbar spine, a positive straight leg raise and reduced range of motion. On 12/19/13 the treating physician requested continuation of Robaxin 750 mg TID # 90 and Methadone 10 mg TID # 90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ONE PRESCRIPTION OF METHADONE 10 MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

**Decision rationale:** According to the MTUS Guidelines, Methadone is only FDA approved for detoxification and maintenance of narcotic addiction. It is a 2nd line drug for moderate to severe pain. In this case, the injured worker had been on Methadone for several years. There was no

indication it was used for addiction management. The pain and function were also not significantly improved. The continued use of Methadone is not medically necessary.