

<b>Case Number:</b>	CM14-0009103		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	12/30/2003
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 is a 73-year-old female patient with a 12/30/2003 date of injury. 03/01/2013 progress report indicates that the patient complained of neck pain, radiating to the upper back. She explained pain as a burning bilateral pain in the shoulders. Treatment to date has included Methadone 3 times a day, which has helped to maintain pain relief. She stated that she felt better last year following RFA. She was able to walk 10-15 min. Her pain is 8/10. Rotation of neck is less than 15 degrees. The patient was diagnosed with cervical spondylosis with cervical DDD, failed back surgery syndrome of the cervical spine, poor function, left knee TKA. Treatment has included Methadone 10 mg 1.5 in the am, 2 mid days, and 1 at night # 135, Cymbalta, Lyrica, Voltaren gel. On 06/7/2013 patient reported sever neck pain that make her dizzy. Her Methadone prescription was 10 mg 4.5 tablets a day, # 203 for a 45-day supply. On 07/23/2013, the patient had bilateral C3-4, C4-5, and C5-6 medial branch blocks. Following the procedure, on 08/15/2013, the patient still complained of muscle stiffness in the neck area, but felt much better. On 12/06/2013, she reported doing better after the 07/23/2013 medial branch blocks. She could stand for 5 min, walk 15 min. 1/2/2014 prescription included Methadone 10/325 with a goal to decrease to 3.5 tablets a day. The #120 would be given in order to for the patient to titrate. There is documentation of a previous adverse determination on 01/06/2014; modified based on a fact that there was no documentation of a maintained increase in function or decrease in pain with the use of this medication. A modified number would be indicated for the possibility of a weaning process. Also, topical medication had not been adequately proven with regards to overall efficacy and safety; and a request for Voltaren gel 1 tube was not recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**METHADONE 10MG #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , PAGE 61

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines, states that Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half-life of the drug. Avoid prescribing 40 mg Methadone tablets for chronic non-malignant pain. This product is only FDA-approved for detoxification and maintenance of narcotic addiction. The patient repeatedly presented with severe pain in the neck, which radiated to the shoulder. She was prescribed Methadone 10 mg x3 per day. However, she has also had medial branch blocks, with positive response. Therefore, the request for Methadone 10MG #120 as submitted is not medically necessary.

**VOLTAREN GEL 1 TUBE:**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, PAGES 111-113

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Chronic Pain Medical Treatment states that Voltaren Gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist); and has not been evaluated for treatment of the spine, hip or shoulder. The patient presented with neck pain, which radiates to the shoulder bilaterally. However, she received narcotic analgesics for pain management. In addition, according to Chronic Pain Medical Treatment Guidelines, Voltaren gel has not been evaluated for treatment of the spine, hip or shoulder. Therefore, the request for Voltaren gel 1 tube was not medically necessary.