

<b>Case Number:</b>	CM14-0102972		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	09/04/1996
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Medicine and is licensed to practice in Texas and Florida. 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 patient is a 64 year old female who was injured on 9/4/1996. The diagnoses are bilateral hips and low back pain. There are associated diagnoses of major depression insomnia and anxiety disorder. The past surgery history was significant for lumbar spine laminectomy. The MRI of the lumbar spine showed multilevel disc bulges, facet hypertrophy, central stenosis and neural foraminal stenosis. ██████████ noted subjective complaints of 8/10 pain score on a scale of 0 to 10. ██████████ / ██████████ noted a consistent UDS on 5/5/2014. The medications enabled the patient to increase ADL and physical activities. The medications are listed as methadone, Percocet, Flector patch and Voltaren gel for pain. The patient is also on Wellbutrin, Lexapro, Seroquel, Buspar, and Xanax for the treatment of psychiatric disorders. The insomnia is managed with Lunesta. A Utilization Review determination was rendered on 6/19/2014 recommending non certification for methadone 5mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 5mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that Methadone can be utilized as a second line opioid for the management of patient for patient who have failed or cannot tolerate first line opioid medications. The chronic use of methadone is associate with the development of cardiac conduction changes, dependency, tolerance, addiction, sedation and adverse interactions with other sedatives and psychiatric medications. These complications are significantly increased in the elderly. The records did not show that the patient have tried but failed all first line medications. The patient is also utilizing other opioids, multiple sedatives and psychiatric medications. The criteria for the use of Methadone 5mg was not met.