

<b>Case Number:</b>	CM14-0103433		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/25/2000
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	06/07/2014
<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 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:

The injured worker is a 51-year-old male with date of injury of 8/25/2000. The mechanism of injury is unknown. He is noted that has been complaining of low back pain and spasm with burning pain to anterior thigh on the left side. He also has sleep problems. On exam, he has spasm with decreased range of motion of the lumbosacral spine. His diagnoses include lumbar disc disorder, hypertension, anxiety, depression, and closed fracture of Tibia-fibular. The treatment plan was to start Methadone 10mg 6 tablets orally three times a day for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10mg #504:** 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): 74.

**Decision rationale:** As per California Chronic Pain Medical Treatment Guidelines, Methadone is recommended for moderate to severe pain. Per the guidelines, "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially

aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, there is no documentation of subjective functional improvement or significant reduction in pain level (5-6/10 on 7/30/14) with the use of this potent opioid at high dose (Methadone 60 mg tid) which is not recommended. Thus, the request for Methadone 10mg #504 is not medically necessary.

**Zofran:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Ondansetron (Zofran®).

**Decision rationale:** Per the Official Disability Guidelines, Zofran is not recommended for nausea / vomiting secondary to opioid use. Furthermore, there is no documentation of any significant nausea / vomiting and refractory to first line treatment. Therefore, the Zofran is not medically necessary.