

<b>Case Number:</b>	CM14-0016343		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	04/13/2011
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 and Pain Medicine and is licensed to practice in 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 requested Methadone 10 mg #90 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of methadone as a second line drug for moderate to severe chronic pain. The clinical documentation submitted for review does indicate that the injured worker is provided significant pain relief with the ability to function and participate in activities of daily living with the injured worker's current treatment plan. Therefore, it is unclear how the addition of Methadone is necessary for this injured worker's treatment plan. This is a second line medication and it appears that the injured worker's pain is responsive to first line opioid medications. The need for Methadone is not clearly indicated. Additionally, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Methadone 10 mg #90 is not medically necessary or appropriate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**METHADONE 10MG, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-94.

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

**Decision rationale:** The requested Methadone 10 mg #90 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of methadone as a second line drug for moderate to severe chronic pain. The clinical documentation submitted for review does indicate that the injured worker is provided significant pain relief with the ability to function and participate in activities of daily living with the injured worker's current treatment plan. Therefore, it is unclear how the addition of Methadone is necessary for this injured worker's treatment plan. This is a second line medication and it appears that the injured worker's pain is responsive to first line opioid medications. The need for Methadone is not clearly indicated. Additionally, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Methadone 10 mg #90 is not medically necessary or appropriate.

**BACLOFEN 10MG, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The requested Baclofen 10 mg #120 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend muscle relaxants in the management of chronic pain. California Medical Treatment Utilization Schedule recommends muscle relaxants for acute exacerbations of chronic pain. The clinical documentation submitted for review does not indicate that the injured worker has an acute exacerbation of chiropractic pain. Additionally, it is noted that the injured worker's pain is well controlled on the current medication schedule which does not include Baclofen 10 mg. Therefore, it is unclear how the addition of this medication would contribute to the injured worker's treatment plan. Additionally, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Baclofen 10 mg #120 is not medically necessary or appropriate.

**NORCO 10-325MG, #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Opioids Page(s): 91-4.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; On-Going Management Page(s): 78.

**Decision rationale:** The requested Norco 10/325 mg #240 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the continued use of opioids in the management of chronic pain be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the

injured worker is monitored for aberrant behavior. The clinical documentation indicates that the injured worker has been on this medication since 2012. The clinical documentation does support that the injured worker has significant functional benefit and pain relief as a result of the use of this medication. Additionally, it is noted that the injured worker is regularly monitored for aberrant behavior as there was a point of care urine drug screen in 11/2013 that was consistent with the injured worker's medication usage. Therefore, this medication would be appropriate for this injured worker. However, the request as it is submitted did not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Norco 10/325 mg #240 is not medically necessary or appropriate.