

<b>Case Number:</b>	CM14-0111583		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	06/13/1997
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 Physical Medicine and Rehabilitation 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 49-year-old female with a 6/13/97 date of injury, when she slipped and fell and injured her right shoulder and hip. The patient underwent right rotator cuff repair in 97. The progress note dated 6/15/07 indicated that the patient was taking Methadone 10 mg, Norco 10/325 and Cymbalta 30 mg. The reviewer's note dated 6/16/14 stated that the patient was seen on 6/5/14 with complaints of continued pain in the low back with radiation into the legs and poor sleep. Exam findings revealed antalgic gait with decreased strength and range of motion in the lower extremities, left greater than right. The patient was taking Ambien, Methadone and Zanaflex. The diagnosis is lumbago, shoulder and pelvis joint pain, and lumbosacral disc degeneration. Treatment to date: work restrictions and medications. An adverse determination was received on 6/16/14. The request for Methadone 10mg #90 was modified to #70 given that a smaller dosing interval (every 4-12 hours) was adequate to reduce the patient's pain and weaning of Methadone was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10mg, #70.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** CA MTUS state 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 (8-59 hours). Pain relief on the other hand only lasts from 4-8 hours. Only providers experienced in using it should prescribe methadone. The UR decision dated on 6/16/14 modified the request for Methadone 10mg from #90 to #70 given that a smaller dosing interval (every 4-12hours) was adequate to reduce the patient's pain and weaning of Methadone was recommended. It is unclear why the patient was requesting additional 20 tablets of Methadone, given that the request was already approved for 70 tablets. Therefore, the request for Methadone 10mg, #70 was not medically necessary.