

<b>Case Number:</b>	CM14-0133108		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	04/28/2010
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 Family Medicine, 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 47-year-old male who reported an industrial injury to the back on 4/28/2010, over four years ago, attributed to the performance of his usual and customary job tasks as a janitor reported as lifting a roundtable during an event with resulting low back pain. The patient is being treated by pain management for s/p laminectomy syndrome; insomnia; recurring depression psychosis and a generalized anxiety disorder. The objective findings on examination included spasm and guarding in the lumbar spine; no apparent distress. The operation report dated 5/31/2011, documented the procedure of stage I anterior retroperitoneal approach with anterior L5-S1 discectomy and fusion along for moral ring allograft and mesenchymal stem cells; left vertebral body cannulated screw and buttress washer fixation. The treatment plan included Methadone 5 mg #60 and a replacement or repair of and H wave unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone Hcl 5mg #60:** 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): 74-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Pain Chapter Opioids, American College of Occupational and Environmental Medicine (ACOEM), Chapter 6 pages 114-116; Chapter 12 pages 300-306

**Decision rationale:** The prescription for Methadone 5 mg #60 for short acting pain is being prescribed as an opioid analgesic for the treatment of chronic pain to the back for the date of injury four (4) years ago. The objective findings on examination do not support the medical necessity for continued opioid analgesics for chronic postoperative back pain. The patient is noted to take Methadone without a demonstrated functional improvement. The patient is being prescribed opioids for shoulder pain and UE pain, which is inconsistent with the recommendations of the CA MTUS. There is no objective evidence provided to support the continued prescription of opioid analgesics for the cited diagnoses and effects of the industrial claim. The patient should be titrated down and off the prescribed Methadone 5 mg #60. ACOEM guidelines state that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms; they should be used only if needed for severe pain and only for a short time. The long-term use of opioid medications may be considered in the treatment of chronic musculoskeletal pain, if: The patient has signed an appropriate pain contract; Functional expectations have been agreed to by the clinician and the patient; Pain medications will be provided by one physician only; The patient agrees to use only those medications recommended or agreed to by the clinician. ACOEM also notes, "Pain medications are typically not useful in the subacute and chronic phases and have been shown to be the most important factor impeding recovery of function." There is no clinical documentation by with objective findings on examination to support the medical necessity of Methadone 5 mg #60 for this long period of time or to support ongoing functional improvement. There is no provided evidence that the patient has received benefit or demonstrated functional improvement with the prescribed Methadone 5 mg. There is no demonstrated medical necessity for the prescribed Opioids as there is no demonstrated functional improvement for the prescribed high dose opioids. The continued prescription for Methadone 5 mg #60 is not demonstrated to be medically necessary.