

<b>Case Number:</b>	CM14-0136776		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	05/07/2010
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Neurological Surgery 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 records presented for review indicate that this 60 year-old individual was reportedly injured on 5/7/2010. The mechanism of injury is noted as a pulling/lifting injury. The most recent progress note, dated 8/4/2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated: patient walks with an antalgic gait. Spinal movements are functional and pain is only reported that end of range. Moderate limitation and lumbar mobility. Good mobility of the upper extremities. No recent diagnostic studies are available for review. Previous treatment includes medication, and conservative treatment. A request had been made for methadone 10 mg #120 and was not certified in the pre-authorization process on 8/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10 mg four times per day #120 (prescribed 8/4/2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain Chapter / Opioids

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

**Decision rationale:** As noted in the MTUS, this medication is recommended as a 2nd line drug for moderate to severe pain. The utilization of this medication is only if the benefit outweighs the risk. It is noted that there is a severe morbidity and mortality associated with the use of this medication. This medication is used with caution and those people with decreased respiratory reserve (asthma, COPD, sleep apnea, severe obesity). Furthermore, there are a number of basic rules that must be met when prescribing this medication, as outlined in the MTUS. The progress notes presented to support that each of these criterion have not been met. Therefore, the ongoing use of this medication is not determined to be medically necessary.