

<b>Case Number:</b>	CM14-0153687		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	01/09/2007
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Louisiana. 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 patient is a 60 year old female who was injured on 01/09/2007 when she fell from a ladder sustaining a head injury, neck and back pain. Prior treatment history has included Opana, Naprosyn, Protonix, atenolol, Lipitor, and aspirin. She has treated conservatively with carpal tunnel syndrome. Progress note dated 08/04/2014 states the patient presented with low back pain with stiffness, numbness and radicular pain in the right and left arm. She rated her pain as 9/10 at its worst. She also reported neck pain rated as a 9/10 with associated left arm stiffness and pain, soreness and headaches. On exam, she had difficulty getting on and off the exam table. Muscle strength is 3/5 in all planes. She has decreased sensation at C6, C8, L4 and L5 dermatomes. She has positive Spurling's maneuver bilaterally and positive maximal foraminal compression testing bilateral and pain with Valsalva bilaterally. The lumbar spine revealed pain on palpation over the L3-S1 facet capsules. There was pain on rotational extension indicative of facet capsular tears bilateral and secondary myofascial pain with triggering and ropey fibrotic banding bilateral. The patient is diagnosed with chronic low back pain, bilateral lower extremity pain, and disc protrusions at L4-5 and L5-S1. The patient has been recommended methadone 5 mg for her chronic pain as it is more affordable for the patient. Prior utilization review dated 08/20/2014 states the request for Methadone 5mg #60 is denied As such, the requested Methadone is recommended noncertified. Non-certification does not imply abrupt cessation for a patient who may be at risk for withdrawal symptoms. Discontinuance should include a tapering prior to discontinuing to avoid withdrawal symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, Page(s): 76-96.

**Decision rationale:** Based on the Chronic Pain Medical Treatment Guideline, Opioids are recommended as the standard care for treatment of moderate to severe pain for a short-term use. Guidelines do not recommend continued use unless there is documented evidence of objective pain and function improvement. There is a lack of supporting documentation indicating sustainable relief of pain or functional improvement and Methadone is not recommended for long term use therefore the request is not medically necessary.