

<b>Case Number:</b>	CM14-0169087		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	05/22/2007
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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, has a subspecialty in Pain 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:

The injured worker is a 54 year old female who had a work-related injury on 05/22/07. The injured worker was walking, turned and fell backwards over a rock. The injured worker has continued to complain of back pain radiating from her low back down her left leg. She has had lumbar epidural steroid injections, physical therapy, and surgery. She has had a bilateral transpedicular L2-S1 posterior fusion. X-rays of lumbar spine dated 09/26/14 show prior laminectomies and discectomies at L2 through L3 through L5-S1 with posterior hardware present. There is satisfactory postoperative appearance with normal alignment. There is moderate degenerative disc disease at L1-2. The most recent medical record submitted for review is dated 09/22/14. The injured worker is back in the office today for low back ache. Pain level has increased since last visit. She rates her pain with medication as an 8/10. She rates her pain without medication as a 9/10. No new problems or side effects. Quality of sleep is poor. She denies any new injuries since last visit. Her activity level has decreased. She is frustrated with a continued denials and modified certifications of her medication. She currently has to pay for medications out of pocket. Current medications are Colace, Methadone, Norco, Soma, Nortriptyline, Ferrous Sulfate, Ventolin inhaler, Levothyroxine, Baclofen, Cyclobenzaprine, Flurbiprofen, Gabapentin, Lidocaine cream, and Prozac. The injured worker currently smokes a pack a day. On physical examination of the lumbar spine, reveals surgical scars. Range of motion is restricted with flexion limited to 40 degrees limited by pain. Extension limited to 5 degrees. Right lateral bending is limited to 10 degrees and left lateral bending limited to 10 degrees. On palpation, paravertebral muscles, tenderness is noted on the right side. Heel and toe walk are normal. Lumbar facet loading is positive on both sides. Ankle jerk is 2/4 on the right and 1/4 on the left side. Patellar jerk is 1/4 on the right side and 2/4 on the left side. Tenderness is noted over the right SI joint. The FABER test is positive. Strength of the EHL on the right is 5-/5, 4/5

on the left. Ankle dorsi flexors are 5/5 on the right and 5-/5 on the left. Ankle plantar flexor is 5/5 on the right and 5-/5 on the left. Hip flexors are 5-/5 on the right and 4-/5 on the left. Sensory examination is decreased over the index finger, middle finger, anterior thigh, lateral forearm, L4, L5, and S1 lower extremity dermatomes on the left side. Straight leg test is negative. Diagnoses: lumbar facet syndrome, spinal lumbar degenerative disc disease, cervical radiculopathy, disc disorder cervical and head and neck symptoms. Prior utilization review on 10/02/14 was non-certified. Current request is for Methadone 10mg #90.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Methadone HCL 10mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Pain with medication is 8/10 without medication pain 9/10. Therefore, this request is not medically necessary.