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| <b>Case Number:</b>   | CM14-0171021 |                              |            |
| <b>Date Assigned:</b> | 10/23/2014   | <b>Date of Injury:</b>       | 04/17/1997 |
| <b>Decision Date:</b> | 11/21/2014   | <b>UR Denial Date:</b>       | 10/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/16/2014 |

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 50 year old with an injury date on 4/17/97. Patient complains of low lumbar pain, radiating down the bilateral lower extremities, cervical pain, and right shoulder pain, with pain rated 7/10 without medications per 10/3/14 report. The pain is improved by medications (currently Celebrex, Neurontin, Paxil, Simvastatin, and Lisinopril), lying down, heat, and ice per 10/3/14 report. Based on the 10/3/14 progress report provided by [REDACTED] the diagnoses are cervicgia, sacroiliitis, radiculopathy of lumbar region, chronic pain syndrome, insomnia with sleep apnea, unspecified pain in joint, shoulder region, unspecified myalgia and myositis, carpal tunnel syndrome, cervical spondylosis without myelopathy, thoracic or lumbosacral neuritis or radiculitis, unspecified, other specified disorders of rotator cuff syndrome of shoulder and allied disorders, unspecified disorders of bursa and tendons in shoulder region, lumbosacral spondylosis without myelopathy, congenital spondylosis, lumbosacral region and lumbago. Exam on 10/3/14 showed "L-spine range of motion limited with extension at 10 degrees, cervical range of motion limited with flexion at 15 degrees, right shoulder range of motion limited with abduction at 120 degrees." Patient's treatment history includes epidural steroid injections, narcotics, physical therapy, chiropractic treatments, acupuncture treatments radiofrequency rhizotomy, steroid joint injections. [REDACTED] is requesting methadone 10mg #90. The utilization review determination being challenged is dated 10/10/14. [REDACTED] is the requesting provider, and he provided treatment reports from 12/6/13 to 10/3/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 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): 76-78, 88-89.

**Decision rationale:** This patient presents with lower back pain, bilateral leg pain, neck pain, and right shoulder pain. The patient has been taking methadone since 12/6/13 report. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the physician indicates a decrease in pain with current medications which include Methadone, stating "duration of effect of the medication is 3-4 hours and pain is improved by medications" per 10/3/14 report. But there is no discussion of this medication's efficacy in terms of functional improvement, quality of life change, or increase in activities of daily living. There is no discussion regarding urine toxicology, or other opiate management issues. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off Methadone is recommended at this time. Recommendation is for denial.