

<b>Case Number:</b>	CM14-0022409		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	03/13/2000
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Management and is licensed to practice in Tennessee. 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 55-year-old female with a 3/13/2000. She sustained cumulative trauma to her neck, back and right upper extremity. On 1/29/14, the patient was noted to have pain in the upper body and lower back. She is having numbness and tingling. She states that she spends most of her time in bed due to the pain. She has been attempting to taper Methadone but finds a significant difference in her pain level with a decreased dose of 2 versus 3 Methadone. She does not know her pain level without Methadone because she takes it continuously. Objective exam reveals stiffness and guarding, and a stiff gait with ambulation. She has 4/5 strength of her upper and lower extremities with functional ROM. She has decreased sensation to light touch on her left. Diagnostic Impression is Cervicalgia, Lumbago, and Cervical Spondylosis. Treatment to date: medication management, HELP program, activity modification. A UR decision dated 2/6/14 denied the request for Methadone, Baclofen, and Ultram. However, the reason for the denial was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**METHADONE 10 MILLIGRAMS(MG) #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2  
Page(s): 61-62.

**Decision rationale:** CA MTUS recommends Methadone as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half-life of the drug (8-59 hours). Pain relief on the other hand only lasts from 4-8 hours. Methadone should only be prescribed by providers experienced in using it. However, there is no description of significant functional improvement gained from the use of Methadone. The patient is using Methadone continuously, but notes that her pain is still uncontrolled to the point that she spends most of her day in bed secondary to pain. In addition, there is no documentation of an opiate pain contract, urine drug screens, or CURES monitoring. Therefore, the request for Methadone 10 mg #90 is not medically necessary.

**BACLOFEN 10 MILLIGRAMS(MG) #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2  
Page(s): 63-66.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP, however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. However, there is no description of an acute exacerbation of the patient's chronic pain. Guidelines do not support the long-term use of muscle relaxants due to diminishing efficacy and the risk of dependence. Therefore, the request for Baclofen 10 mg #90 is not medically necessary.

**ULTRAM 50 MILLIGRAMS(MG) #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 78-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2  
Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation of functional improvement or gains in activities of daily living. There is no documentation of lack of adverse side effects or aberrant behavior. There is no urine drug screens, CURES monitoring, or an opiate pain contract. Therefore, the request for Ultram 50 mg #90 is not medically necessary.

