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| <b>Case Number:</b>   | CM14-0039206 |                              |            |
| <b>Date Assigned:</b> | 07/02/2014   | <b>Date of Injury:</b>       | 04/17/1997 |
| <b>Decision Date:</b> | 09/29/2014   | <b>UR Denial Date:</b>       | 03/27/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/03/2014 |

### 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 Nevada. 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 50 year old male was reportedly injured on April 17, 1997. The mechanism of injury is undisclosed. The most recent progress note, dated March 7, 2014, indicated a shoulder injection of a steroid preparation completed. There were presenting complaints of shoulder, wrist, low back, neck, bilateral lower extremity pains. The pain was described as burning in nature. Some improvement was noted with the pain medication protocol being delivered, decrease in cervical spine range of motion was noted, and motor function was reportedly 5/5. No diagnostic imaging studies were available for review. Previous treatment included multiple medications. A request was made for Methadone and was not certified in the preauthorization process on March 27, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93.

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

**Decision rationale:** As noted in the Medical Treatment Utilization Schedule (MTUS), this medication is recommended as a second line drug for moderate to severe pain. The utilization of 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, chronic obstructive pulmonary disorder, sleep apnea, severe obesity). Further, there are a number of basic rules that must be met when prescribing this medication, as outlined in the MTUS. The progress notes presented for review do not support nor comment on any of these criterion. Therefore, the ongoing use of this medication, is not determined to be medically necessary.