

<b>Case Number:</b>	CM14-0045327		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	09/23/2002
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 42 year old male with a date of injury on 9/23/2002. Diagnoses include, post-traumatic stress disorder, brachial neuritis, lumbago, and muscle spasm. Subjective findings are of improved composure, no difference in Paxil at 10mg per day, and no side effects. Physical exam showed spasm in paraspinal muscles extending from the low back into the thoracic region, with trigger points noted. Medications include Paxil and Methadone 5 mg three times a day. Prior treatments have included physical therapy of which 9 sessions were certified on 3/10/2014. Submitted records indicate that pain is relieved by Methadone treatment, and does not cause side effects.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical Therapy sessions:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) LOW BACK, PHYSICAL THERAPY.

**Decision rationale:** The ODG recommends 9 visits of physical therapy over 8 weeks for lumbago. This patient had previously been certified for 9 visits for this condition. Documentation is not present that indicates specific deficits for which additional formal therapy may be beneficial. Therefore, the request for 12 additional physical therapy sessions exceeds guideline recommendations, and is not medically necessary.

**1 Prescription of Methadone HCL 5mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines METHADONE, OPIOIDS Page(s): 61, 74-96.

**Decision rationale:** CA Chronic Pain guidelines recommend methadone as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. Guidelines state that basis rules for prescribing methadone include: Weighing the risks and benefits before prescribing methadone. Avoid prescribing 40 mg Methadone tablets for chronic non-malignant pain. Closely monitor patients who receive methadone, especially during treatment initiation and dose adjustments. For this patient, moderate to severe pain is present that has been responding well to current medication regimen, which includes the Methadone. For this patient, documentation shows stability on medication, increased functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines, including risk assessment, urine drug screens and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.