

<b>Case Number:</b>	CM14-0045334		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	06/30/2003
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/20/2014
<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 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 injured worker is a 55-year-old male who was reportedly injured on June 30, 2003. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 6, 2014, indicates that there are ongoing complaints of back pain radiating to the right lower extremity. Current medications include methadone, oxycodone, Lyrica, Mobic and Nexium. These medications are stated to be helpful and result in a 50% reduction of pain and a 50% functional improvement. The physical examination demonstrated decreased lumbar spine range of motion and a positive right and left straight leg raise at 80. There was tenderness and muscle spasms along the lumbar paravertebral muscles and tenderness over the greater trochanteric's of both hips. Current medications were refilled. Diagnostic imaging study results were not reported. A request had been made for methadone and was not certified in the pre-authorization process on March 20, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**METHADONE 10 MG #180:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Methadone, Updated July 10, 2014. Example Knee).

**Decision rationale:** The injured worker is a 55-year-old male who was reportedly injured on June 30, 2003. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 6, 2014, indicates that there are ongoing complaints of back pain radiating to the right lower extremity. Current medications include methadone, oxycodone, Lyrica, Mobic and Nexium. These medications are stated to be helpful and result in a 50% reduction of pain and a 50% functional improvement. The physical examination demonstrated decreased lumbar spine range of motion and a positive right and left straight leg raise at 80. There was tenderness and muscle spasms along the lumbar paravertebral muscles and tenderness over the greater trochanteric's of both hips. Current medications were refilled. Diagnostic imaging study results were not reported. A request had been made for methadone and was not certified in the pre-authorization process on March 20, 2014. Therefore, the request is not medically necessary.