

<b>Case Number:</b>	CM14-0055092		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	06/08/2010
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 51-year-old female who reported injury on 06/08/2010. The mechanism of injury was not provided. The injured worker's medication history included Methadone 10mg, Percocet 10/325mg, Flexeril 10mg, and Lunesta 3mg since at least 12/27/2013. The diagnosis included degenerative cervical spondylosis, myofascial pain syndrome, pain disorder with psychological/general medical condition and insomnia due to persistent pain. The documentation of 03/25/2014 revealed the injured worker was in need of Methadone and was experiencing pain with painful withdrawal. The documentation indicated the Methadone was most effective for the injured worker's pain. The documentation indicated the injured worker had radicular pain into both arms with left greater than right arm pain. The treatment plan included continuation of current analgesic medications to achieve maximal pain relief with the highest level of function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 1 Tablet of Methadone 10mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain; Ongoing management Page(s): 60, 78.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional benefit and an objective decrease in pain. There should be documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for at least 4 months. There was a lack of documentation of objective functional benefit, and objective decrease in pain. There was a lack of documentation indicating the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the prospective request for 1 tablet of Methadone 10mg is not medically necessary.