

<b>Case Number:</b>	CM14-0071722		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/05/2001
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 and is licensed to practice in California. 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 67 year-old patient sustained an injury on 9/5/2001 while employed by [REDACTED]. Request(s) under consideration include Methadone 10 mg. The patient continues treating for chronic neck and low back pain. It was noted the patient was maintained on medications and has been prescribed Methadone since at least 2007. Report with RFA dated 4/1/14 from the PA-c noted patient's pain is fairly controlled noting medications has improved the patient's quality of life and daily overall function. Report of 7/17/14 from the orthopedic provider noted the patient continues to utilize medications and reported increasing headaches and dizziness, and has fallen on several occasions. The patient reported cervical spine pain and stiffness radiating down right arm; lumbar spine pain and stiffness radiating down right leg with increasing stress, anxiety, depression, and difficulty sleeping. The patient has not worked. Exam only documented "cervical spine and lumbar spine remains essentially unchanged from that when last seen in this office." Diagnoses included s/p closed head injury with post concussion syndrome; cervical and lumbar spine strain/sprain; s/p multiple herniographies; and psychological sequelae. The patient remained P&S. Treatment included home health care to help with ADL and personal care. Request(s) for Methadone 10 mg was non-certified on 4/9/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10 mg:** Upheld

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

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

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. Guidelines do not support chronic use of opioids and pain medications are typically not useful in the subacute and chronic phases, impeding recovery of function in patients. Methadone, a synthetic opioid, may be used medically as an analgesic, in the maintenance anti-addictive for use in patients with opioid dependency and in the detoxification process (such as heroin or other morphine-like drugs) as a substitute for seriously addicted patients because of its long half-life and less profound sedation and euphoria. Guidelines do not support chronic use of Opioid, Methadone. Submitted reports have not adequately identified significant clinical findings or red-flag conditions to continue high doses of opiates for this unchanged chronic injury of 2001. The Methadone 10 mg is not medically necessary and appropriate.