

<b>Case Number:</b>	CM14-0075257		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	04/16/2001
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 Pain Management 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:

The injured worker is a 59-year-old-male sustained industrial injury on 04/16/2001. The injury occurred when he was lifting boxes. The patient has bilateral shoulder pain. On musculoskeletal examination, the patient has negative muscle cramps, but positive joint pain and muscle pain. On psychiatric examination, the patient has depression. On motor examination, motor testing is limited by pain. Sensation was normal. His pain level has remained unchanged. He rates his pain with medications as 6/10 and without medications as 9/10. His medications are Colace, Miralax, Senokot, Lidoderm, Voltaren, methadone, Percocet, amlodipine besylate, clonidine, metoprolol tartrate, and Prozac. He states that his medications are working well and there are no side effects. He is able to perform his ADLs with medications. Drug urine test result was consistent with the medication use. Diagnosis: Shoulder pain. Previous UR determination: Methadone 10 mg, two a day, #60 to initiate weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10 mg #60 to initiate weaning:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 60-61.

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

**Decision rationale:** As per CA MTUS guidelines, Methadone is recommended for moderate to severe pain as a second-line drug. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half-life of the drug (8-59 hours). Pain relief on the other hand only lasts from 4-8 hours. Following oral administration, significantly different blood concentrations may be obtained. Vigilance is suggested in treatment initiation, conversion from another opioid to methadone, and when titrating the methadone dose. One severe side effect is respiratory depression (which persists longer than the analgesic effect). This injured worker has been on 60mg of Methadone a day, without significant pain relief as the pain stays at 5-6/10 with medications. UR determination has previously recommended weaning. Opioid weaning is achieved by dose reduction of up to 50% every 1-2 weeks. Therefore, the medical necessity of the request for Methadone 10mg # 60 to initiate weaning is established.