

<b>Case Number:</b>	CM14-0088240		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/14/2005
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 Illinois. 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 41-year-old male who reported an injury on 03/14/2005. The mechanism of injury was not noted. His diagnoses were noted to be lumbar postlaminectomy syndrome, status post L5-S1 discectomy and fusion. Current medications were noted to be Percocet and OxyContin. The subjective complaints noted in an evaluation on 03/11/2014 were bilateral low back pain radiating into the left posterior thigh, left posterior calf and left lateral foot with pain and numbness in all toes. The objective findings were noted to be restricted and painful lumbar ranges of motion in all directions with positive lumbar spine spasms. Muscle strength was 5/5 in bilateral lower extremities. The treatment plan was for medication refills. The provider's rationale was not noted in the clinical evaluation. The Request for Authorization form was not noted within the documentation submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 86.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain in patients on opiates. These include pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, side effects and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use and side effects. The 03/11/2014 primary treating physician's progress report does not provide an adequate pain assessment. In addition, the provider's request fails to indicate a dosage frequency. As such, the request for methadone 10 mg quantity 60 is not medically necessary.