

<b>Case Number:</b>	CM14-0093957		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	06/18/2001
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 & 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:

The injured worker is a 61-year-old male who reported an injury on 06/18/2001. The mechanism of injury was not provided. On 05/07/2014, the injured worker presented with back pain. Diagnoses were degeneration of intervertebral disc disorder, gastroesophageal reflux disease, essential hypertension, acute cystitis, low back pain and degeneration of intervertebral disc. Current medications included Vancomycin, Methadone, Gentamicin, Gabapentin, Amlodipine, Hydrochlorothiazide, Janumet, Zolpidem, Norco, atenolol, and Glyburide. Upon examination, there was a positive bilateral straight leg raise. There were no range of motion restrictions noted or instability related to ligamentous laxity. Muscle strength testing is 5/5 in all major vessel groups. In special testing of the joints for range of motion, nerve compression and joint contracture are within normal limits. The provider recommended methadone 10 mg with a quantity of 300. The provider's rationale was not provided. The request for authorization form was dated 05/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10mg #300:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The California MTUS Guidelines recommend methadone as a second line drug for moderate to severe pain if the potential benefits outweigh the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. Methadone should be given to injured workers with decreased respiratory reserve, sleep apnea, severe obesity, and COPD (Chronic Obstructive Pulmonary Disease). The injured worker has been prescribed methadone; however, the efficacy of the medication has not been provided. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request of Methadone 10mg #300 is not medically necessary and appropriate.