

<b>Case Number:</b>	CM14-0099726		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	06/01/2000
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Family Medicine 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 is a 49 year old female patient who sustained a work related injury on 06/01/2000. The exact mechanism of injury was not specified in the records provided. The current diagnoses include cervicgia with bilateral radiculopathy, carpal and cubital tunnel syndrome bilaterally, s/p spinal cord decompression and spinal cord stimulator trial. Per the doctor's note dated 3/24/14, patient has complaints of pain in the cervical region at 6-7/10. Physical examination revealed cervical muscle spasms, tenderness on palpation, trigger points, decrease in range of motion in the cervical spine to flexion, extension and lateral rotation, motor weakness in both right and left upper extremities, with more significant weakness on the right side, sensory deficits to light touch, thermal and vibratory sensation in the upper extremities bilaterally. The current medication lists include Oxymorphone, Lorazepam, Methadone, Hydromorphone, Topamax, Phenergan, Gabapentin and Cymbalta. Diagnostic imaging reports were not specified in the records provided. The patient's surgical history includes spinal cord decompression and spinal cord stimulator trial. Any operative/ or procedure note was not specified in the records provided. She has had a urine drug toxicology report on 6/05/14 that was inconsistent with the current medication list. Patient has received an unspecified number of PT (physical therapy) visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone tab 10mg Qty 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Therapeutic Trial of Opioids Page(s): 76-80.

**Decision rationale:** Methadone is an opioid analgesic According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continue review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. She has had a urine drug toxicology report on 6/05/14 that was inconsistent with the current medication list. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Methadone tab 10mg Qty 90 is not established for this patient.