

<b>Case Number:</b>	CM14-0107672		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	08/04/2000
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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, has a subspecialty in Interventional spine 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 patient is a 48-year-old female with an injury date of 08/04/00. Based on the 08/01/14, patient complains of pain in the low back and right shoulder with headaches. Per the 07/15/13 progress report, low back pain with radiation to both lower extremities, but mainly on the right is noted. Pain is 6 - 7/10. Left shoulder pain is also noted. Physical examination of 05/06/14 reveals spasms in the lumbar paraspinal muscles and stiffness in the lumbar spine, and dysesthesia to light touch in the right lower extremity. Physical examination on 08/01/14 also noted spasms to the cervical spine, increased on the left and pain to the left shoulder, increased on abduction, flexion and internal rotation. There is diffused dysesthesia to the left upper extremity. Medications prescribed as per progress report 08/01/14 include Nucynta, Methadone, Omeprazole. Patient has been taking Methadone since 02/13/14. On 06/14/14 progress note, treater stated "Medications helped for pain but it is associated with drowsiness." The reason for the request is not stated in provided documentation. Patient is not working and treater recommended modified work on 08/01/14. Per progress notes of 02/13/14, EMG study showed radiculopathy consistent with left C6 radicular pain plus left shoulder AC joint and glenohumeral pain and coccygeal pain. Diagnosis 05/06/14 Low back pain Lumbar facetal pain Right sacroiliitis Possibility of lumbar radiculopathy Left shoulder pain The utilization review determination being challenged is dated 06/07/14. The rationale was that the request had to be modified for weaning purposes. Treatment reports were provided from 02/13/14 to 08/01/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 5mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88 and 89, 78.

**Decision rationale:** Patient presents with low back pain with right more than left radiating leg symptoms, and pain in the right shoulder along with headache. The request is for METHADONE 5MG #120. Medications prescribed as per progress report 08/01/14 include Nucynta, Methadone, Omeprazole and reports show that the patient has been taking Methadone since 02/13/14. On 06/14/14 progress note, treater stated "Medications helped for pain but it is associated with drowsiness." Patient is not working and treater recommended modified work on 08/01/14. For chronic opioids use, MTUS Guidelines (pages 88 and 89) states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater indicates medications helped for pain but caused drowsiness per progress report of 06/14/14. However, there are no before and after pain scales to show significant analgesia; no discussion of this medication's efficacy in terms of functional improvement using a numerical scale or validated instrument; no quality of life change, or increase in specific activities of daily living. There is a mention of modified return to work on 08/01/14 but no indication that the use of Methadone has resulted in improvement of work status. No urine drug screens are documented or other aberrant behaviors. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request IS NOT medically necessary.