

<b>Case Number:</b>	CM14-0206332		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	04/16/2001
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Pain 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 male patient with the date of injury of April 16, 2001. A utilization review determination dated December 2, 2014 recommends non-certification of methadone 10 mg with modification to methadone 10 mg #36 for weaning purposes. A progress note dated November 24, 2014 identifies subjective complaints of chronic low back pain. The patient has hypotestosteronism, obstructive sleep apnea, and excessive daytime sleepiness. The patient uses a Bi-PAP/CPAP and uses Provigil for excessive daytime sleepiness. His current pain levels are 3-6/10 with medications and 6-9/10 without medications. No aberrant medication related behaviors are noted and pill counts are correct. The physical examination reveals long midline lumbar incision well-healed, guarded lumbar motion, tender lumbar region, and right>left lower lumbar facets, and positive straight leg raise right>left. The diagnoses include chronic low back pain status post revision of lumbar fusion for pseudoarthrosis, low back pain and radicular symptoms, hypotestosteronism, and right and left basal thumb arthropathy. The treatment plan recommends methadone 10 mg TID, Norco for breakthrough pain, Cymbalta 60 mg once daily, and continued efforts at medication simplification and tapering over extended time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61-62.

**Decision rationale:** Regarding the request for Methadone 10mg, Chronic Pain Medical Treatment Guidelines state methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. Within the documentation available for review, there is no documentation identifying that Methadone is being prescribed as a second-line drug and the potential benefit outweighs the risk. Additionally, there is no documentation of functional improvement with the Methadone. In the absence of such documentation, the currently requested Methadone 10mg is not medically necessary.