

<b>Case Number:</b>	CM14-0219242		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	03/12/2001
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 59-year-old male, with a reported date of injury of 03/12/2001. He reported back pain, neck pain, and left arm pain. The diagnoses have included chronic low back pain, chronic neck pain, cervical disc protrusion, cervical stenosis, cervical facet joint pain, lumbar disc protrusion, lumbar facet joint pain, lumbar stenosis, and left upper extremity pain. Treatments to date have included Valium, Cymbalta, Methadone, and Norco. Currently, the injured worker complains of bilateral low back pain, bilateral neck pain, and left arm pain. The pain is exacerbated by prolonged standing and lifting. The pain is relieved by lying down on back, sitting, and medications. The objective findings included tenderness upon palpation of the cervical and lumbar paraspinal muscles; restricted range of motion in all directions in the lumbar and cervical spine; lumbar and cervical flexion was worse than lumbar and cervical extension; and positive bilateral lumbar discogenic provocative maneuvers. The treating physician indicated that the methadone provided 60% improvement of the injured worker's pain, with 60% improvement of his activities of daily living. It was noted that there was 86% disability without the use of the methadone. On 12/23/2014, Utilization Review modified a request for methadone 10mg #120 to methadone 10mg #72, noting that gradual weaning is recommended for long-term opioid users and that the current prescription of methadone equated to a dose of 320mg, which exceeds the guideline recommendations. The MTUS Chronic Pain Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10 MG #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pin section, Opiates, Methadone.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Methadone 10 mg #120 is not medically necessary. Methadone is recommended as a second line drugs for moderate to severe pain, only if the potential benefit outweighs the risk, unless methadone is prescribed by pain specialists with experience in its use and by addiction specialists, where first-line use may be appropriate. The drug has the potential for adverse effects including respiratory depression and adverse cardiac events and should be reserved for use experience practitioners. Reports by the FDA indicates severe morbidity and mortality associated with methadone. This includes respiratory depression and cardiac related complications. The steps for prescribing methadone are numerate it in the official disability guidelines. These steps include, but are not limited to, basic rules; providing information that is vital to the patient; be familiar with current SAMHSA health advisory on methadone; be familiar with the FDA final policy statement on methadone; and pre-use cardiac evaluation. Patients should be informed of arrhythmia risk when prescribed methadone. An assessment with a history for structural heart disease, arrhythmias and syncope should be taken. See the guidelines for details. In this case, the injured worker's working diagnoses are cervical disc protrusion; cervical stenosis; cervical facet joint pain; chronic neck pain; lumbar disc protrusion; lumbar facet joint pain; lumbar stenosis; chronic low back pain; left upper extremity pain depression; and anxiety. The Chronic Pain Medical Treatment Guidelines recommend methadone as a second line option for moderate to severe pain benefit outweighs the risk. There must be evidence of improved pain and functioning or return to work to continue to use of opiates. Subjectively, pain and function are 60% improved and the activities of daily living are also improved. However, opiate dosing should not exceed 120 mg of the morphine equivalent dose. The injured worker's current prescription for methadone 10 mg at five times per day greatly exceeds the guideline recommendations. On November 5, 2014 a review of the medical record indicates the injured worker was taking methadone 10 mg four times per day with a morphine equivalent dose of 320 mg. This value greatly exceeded the recommended guidelines. The methadone 10 mg #120 was modified to #96. Methadone is both appropriate and medically necessary as it provides subjective relief with an improvement in the activities of daily living. However, continued tapering is warranted until the methadone falls within acceptable guidelines for the morphine equivalent dose. Consequently, methadone 10 mg #120 is not medically necessary.