

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0016467 |                              |            |
| <b>Date Assigned:</b> | 02/04/2015   | <b>Date of Injury:</b>       | 03/12/2001 |
| <b>Decision Date:</b> | 04/13/2015   | <b>UR Denial Date:</b>       | 12/30/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/28/2015 |

### 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  
 Certification(s)/Specialty: Emergency 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 56 year old male injured worker suffered and industrial injury on 3/12/2001. Mechanism of injury was not documented. The diagnoses were chronic back and neck pain, cervical and lumbar disc protrusion, depression. Medical reports reviewed last report available until 12/17/14. Patient complains of neck, low back and L arm pain. Objective exam; there is tenderness upon palpation of the cervical and lumbar paraspinal muscles. Muscle girth is symmetric in all limbs. Lumbar ranges of motion were restricted by pain in all directions. Lumbar flexion was worse than lumbar extension. Cervical ranges of motion were restricted by pain in all directions. Cervical extension was worse than cervical flexion. Lumbar discogenic provocative maneuvers, including pelvic rock and sustained hip flexion, were positive bilaterally. Sacroiliac provocative maneuvers were negative bilaterally. Nerve root tension signs were negative bilaterally. Spurling's maneuver was negative bilaterally. Nerve root tension signs were negative bilaterally. Shoulder abduction test was negative bilaterally. Percussion of the neurovascular complex in the supraclavicular fossa and in the medial upper arm was negative bilaterally. Tinels at the elbow, carpal tunnel, and Guyon's canal was negative bilaterally. Allen's test and Phalen's test were negative bilaterally. Muscle stretch reflexes are and symmetric bilaterally in all limbs. Clonus and Hoffmann's signs are absent bilaterally. Muscle strength is 5/5 in all limbs. The remainder of the examination is unchanged from the previous visit. Documentation states that methadone improves pain by 60% with improvement in activity of daily living and improvement in disability score. There is appropriate drug monitoring and assessment for side effects. There is documentation of multiple methadone UR denials. Current medications include Valium, Methadone and Cymbalta. The

Utilization Review Determination on 12/30/2014 non-certified Methadone 10mg #96 modified to #60, citing MTUS.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Methadone 10mg #96:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines on going management, opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone and Opioids Page(s): 61, 62 and 76.

**Decision rationale:** As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Methadone is a long acting opioid. As per MTUS guidelines, methadone is a second line treatment for pain. There are significant risks in methadone treatment that must be weighed against benefit. Patient has appropriate documentation of functional improvement on current regiment along with appropriate documentation of monitoring. Patient is currently taking Methadone 10mg 3-4times a day leading to a Morphine Equivalent Dose of over 240mg which exceeds the recommended maximum MED of 120mg per day which will lead to long term side effects. Prior UR already certified weaning process with 76 tablets approved and yet provider has requested even more tablets than what was previously certified. Weaning process should continue and the increase number of tablets requested is not consistent with continued weaning process. Methadone prescription is not medically necessary.