

<b>Case Number:</b>	CM15-0132247		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	02/04/2008
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 67-year-old male, who sustained an industrial injury on 2/4/2008. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical and lumbar spinal stenosis, cervical and lumbar disc degeneration and psychogenic pain. There is no record of a recent diagnostic study. Treatment to date has included chiropractic therapy, yoga, medical marijuana and medication management. In a progress note dated 6/17/2015, the injured worker complains of neck and low back pain. Physical examination showed spasm and guarding in the lumbar spine. The patient has had normal tone and strength. The treating physician is requesting Methadone Hcl 10 mg #45. The medication list includes Methadone. The patient has had UDS on 4/22/15 that was positive for Methadone and THC. The patient had received an unspecified number of chiropractic and aquatic therapy visits for this injury. The patient has had MRI of the lumbar and cervical spine on 4/15/2009 that revealed disc protrusions, foraminal narrowing, and degenerative changes. Any surgical or procedure note related to this injury was not specified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone HCL 10mg #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On going management Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines: Opioids, criteria for use: page 76-80, Therapeutic Trial of Opioids.

**Decision rationale:** Request Methadone HCL 10mg #45 Methadone HCL 10mg #45 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. Continuing 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 regard 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. The patient has had UDS on 4/22/15 that was positive for Methadone and THC. The level of pain control with lower potency opioids and other non opioid medications (anti-depressants/ anti-convulsants), without the use of Methadone, was not specified in the records provided. Whether improvement in pain translated into objective functional improvement 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 HCL 10mg #45 is not established for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms. This request is not medically necessary.