

<b>Case Number:</b>	CM15-0132973		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	10/21/2010
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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: New York  
 Certification(s)/Specialty: Anesthesiology

### 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 50-year-old male, who sustained an industrial injury on 10/21/10. He reported continuous trauma resulted in neck and lower back pain along with right carpal tunnel syndrome. The injured worker was diagnosed as having chronic pain syndrome, cervical spondylosis without myelopathy and lumbosacral spondylosis without myelopathy. Treatment to date has included Functional Restoration Program discharged without completion, oral medications including Methadone 15mg, Ondansetron 4mg, Multivitamin and Ibuprofen 200mg, cervical epidural steroid injections, lumbar medial branch block, activity restrictions, home exercise program and carpal tunnel release and tendon release on right index finger. Currently on 6/22/15, the injured worker reports he needs a refill of medication. He rates the pain 9/10 without pain medication and 6/10 with medication and notes he would not be able to exercise routinely without pain medication. (On 5/21/15, he noted pain levels to be 8/10 without medications and 6/10 with medications). Exercise consist of "some stretching and gym activity one every 3 days. His work status is noted to be "PD". The physician notes the urine drug screen has been negative across the board. Physical exam performed on 6/22/15 revealed guarded range of motion of lumbar spine with no overt pain behaviors and a slow gait. On 5/11/15 he was to restart Methadone 10mg twice a day (on 2/6/15 he was noted to be utilizing methadone 5mg, 3 times per day). The treatment plan included a request for Methadone 10mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10mg 1 tablet by mouth four times a day quantity 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone, Opioids Page(s): 61-62, 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Methadone, Opioids.

**Decision rationale:** Methadone is recommended as a second-line drug for moderate to severe pain, only if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half-life of the drug (8-59 hours). Pain relief on the other hand, only lasts from 4-8 hours. Genetic differences appear to influence how an individual will respond to this medication. Delayed adverse effects may occur due to methadone accumulation during chronic administration. Systemic toxicity is more likely to occur in patients previously exposed to high doses of opioids. Multiple potential drug-drug interactions can occur with the use of Methadone. This drug should be reserved for use by experienced practitioners, including pain medicine or addiction specialists. Methadone is considered useful for treatment when there is evidence of tolerance to other opiate agonists or when there is evidence of intractable side effects due to opiates. In this case, pain level was reported as 7/10 without methadone and 6/10 with methadone. There is documentation of an increase in the frequency of dosing, from two times per day, then three times per day, and then four times per day. However, there is no documentation of the CA MTUS opioid compliance guidelines including, a risk assessment profile, updated urine drug testing, or an updated and signed pain contract between the provider and the patient. In addition, there is no documentation of objective functional benefit with prior medication use. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.