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| <b>Case Number:</b>   | CM15-0134149 |                              |            |
| <b>Date Assigned:</b> | 07/22/2015   | <b>Date of Injury:</b>       | 05/06/2005 |
| <b>Decision Date:</b> | 08/20/2015   | <b>UR Denial Date:</b>       | 06/23/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/10/2015 |

### 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: Physical Medicine & Rehabilitation

### 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 May 6, 2005, incurring low back and right elbow injuries after a fall from a fire engine. He was diagnosed with lumbago. Treatment included anti-inflammatory drugs, neuropathic medications and methadone and work modifications. Currently, the injured worker complained of persistent pain in the low back radiating into the hips, legs and feet. He noted constant burning, throbbing and aching pain. The pain was aggravated by prolonged standing, sitting and walking. The treatment plan that was requested for authorization included a prescription for Methadone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10mg quantity 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 80.

**Decision rationale:** This patient presents with persistent pain in the low back radiating into the hips, legs and feet. The current request is for Methadone 10mg quantity 120. The RFA is dated 06/17/15. Treatment included anti-inflammatory drugs, neuropathic medications and methadone and work modifications. The patient is on permanent disability. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6- month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS pages 80 and 81 also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." According to progress reports, the patient complains pain in the low back radiating into the hips, legs and feet. He has a diagnosis of Lumbago. Current medications include Naproxen, gabapentin and methadone. The patient has been utilizing Methadone since at least 01/14/15. Per report 03/17/15, the patient states he is taking medications "which help decrease pain and improve function. The quality of life is improved they help with performing activities of daily living." He reports no side effects with medications. A UDS was administered. Per report 05/22/15, patient ran out of medication due to bike fall and reported an increase in pain. Per report 06/09/15, the patient tested positive for methamphetamine and amphetamine. Patient reported he did it once due to a break up with his girlfriend and stated he will not do it again. It was noted that the patient is able to cook, do laundry, garden, shop, bathe, dress with medications. The treating physician has documented the 4As as required by MTUS for opiate management. However, the patient does not present with a condition for which chronic use of opiate is supported. MTUS page 80 states "Chronic back pain: Appears efficacious but limited for short-term pain relief, and long-term efficacy is unclear, but also appears limited." The patient presents with chronic low back pain with lumbago. Chronic or long-term use of opiates are not indicated. The request is not medically necessary.