

<b>Case Number:</b>	CM15-0191903		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	08/27/2001
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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:

This is a 56 year old female patient, who sustained an industrial injury on 8-27-2001. The diagnoses include neuralgia neuritis and radiculitis, status post L4-5 lumbar fusion (2004), osteoporosis, depressive disorder, and reflex sympathetic dystrophy of the upper limb. According to the progress report dated 9-10-2015, she presented with complaints of continued pain in her left upper and left lower extremity. On a subjective pain scale, she rated her pain 5-6 out of 10 with medications and 10 out of 10 without. The physical examination revealed minimal tenderness to palpation over the cervical paraspinal muscles, left trapezius, and rhomboid muscles as well as left occiput tenderness, the temperature markedly warmer on the right than the left in the upper and lower extremities; tenderness and decreased range of motion of the cervical spine and the right shoulder; right knee tenderness. The current medications list includes Methadone (since at least 6-16-2015), Norco, and Valium. With medications, She noted marked improvement in her ability to walk, sit, and stand (20 minutes) with medications and increased ability to perform activities such as housework. Previous diagnostic studies were not indicated. She has undergone lumbar fusion at L4-5 in 2004. Treatments to date include medication management, functional restoration program, 8 trigger point injections (8-18-2015), and surgical intervention. Work status is described as permanent and stationary. The original utilization review (9-16-2015) had non-certified a request for Methadone (unknown dosage and quantity).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone- unknown dosage and quantity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** Methadone is an opioid analgesic. According to CA MTUS guidelines, Methadone is "Recommended as a second-line drug for moderate to severe pain 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." Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of 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." With medications, She noted marked improvement in her ability to walk, sit, and stand (20 minutes) with medications and increased ability to perform activities such as housework. However, the records provided do not provide a documentation of significant objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. The response to anticonvulsant and antidepressant for chronic pain is not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The dosage and quantity of the request for methadone is not specified in the records provided. The medical necessity of Methadone-unknown dosage and quantity is not established for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. The request is not medically necessary. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.