

<b>Case Number:</b>	CM15-0192169		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	04/13/2009
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	08/31/2015
<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: 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 56 year old female, who sustained an industrial injury on April 13, 2009, incurring neck, upper and lower back injuries. She was diagnosed with cervical disc disease, cervicgia, brachial neuritis and lumbosacral spondylosis. Treatment included pain medications, anti-inflammatory drugs, pain medications, anti-anxiety medications, psychotherapy sessions and work restrictions. Currently, the injured worker complained of ongoing low back pain radiating to the right leg rated 8 out of 10 on a pain scale from 0 to 10. She noted neck pain radiating to the shoulders and down the arms bilaterally and lumbar and sacral pain radiating to the right buttocks and down the right leg into the ankle. She noted numbness and tingling in the toes. The injured worker had remained totally temporary disabled and unable to return to work. She was requested to be weaned off her medications and placed on a functional restoration program. The treatment plan that was requested for authorization on September 29, 2015, included a pharmacy purchase of Methadone powder, suspended gel, Glycerin liquid 420 mg. On August 31, 2015, a request for the prescription of Methadone powder, suspended gel and Glycerin liquid was non-approved by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Methadone powder 0.14%, Suspendall gel, Glycerin liquid, Tutti Frutti liquid flavor #420mg: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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

**Decision rationale:** The current request is for Pharmacy purchase of Methadone powder 0.14%, Suspendall gel, Glycerin liquid, Tutti Frutti liquid flavor #420mg. The RFA is dated 08/21/15. Treatment history included pain medications, anti-inflammatory drugs, pain medications, anti-anxiety medications, psychotherapy sessions and work restrictions. The patient remained totally temporary disabled and unable to return to work. MTUS, Criteria for use of Opioids Section, page 79 under 6) When to Discontinue Opioids states "Weaning should occur under direct ongoing medical supervision as a slow taper". Per report 09/04/15, the patient presents with ongoing low back pain radiating to the right leg rated 8 out of 10 on a pain scale from 0 to 10. She was requested to be weaned off her medications and placed on a functional restoration program. The treater states "we will continue the detoxification as part of the FRP, now that FRP has been authorized." The treater managed to get her opioid down to 21mg a day total. The patient has no significant complaints, and is not in withdrawal with the taper approach. The treater states that the patient is making "incredible" progress, as she started out at 30mg methadone a day. The treater states that he will order a refill of methadone, and have her go down to 6mg of methadone for a total of 18mg, which will be a drop of about 15%. This patient is on a steady weaning schedule, and is making excellent progress. The treater states that he is reducing the opioid by 15%. MTUS recommends slow weaning under direct supervision of a physician. The requested medication, for the scheduled weaning appears reasonable. This request is medically necessary.