

<b>Case Number:</b>	CM15-0196649		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	07/16/2008
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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 38 year old male, who sustained an industrial injury on 07-16-2008. He has reported subsequent low back, lower extremity, knee and wrist pain and was diagnosed with lumbar and lumbosacral disc degeneration, lumbago, carpal tunnel syndrome, pain in joint of the lower leg, chronic pain syndrome and knee pain. Treatment to date has included pain medication, application of heat and ice and a home exercise program. Pain medication was documented to be providing good relief of pain and objective functional improvement. Documentation shows that Methadone was prescribed at least as far back as 03-04-2015. In progress notes dated 07-20-2015 and 08-31-2015, the injured worker reported 5 out of 10 left wrist, right wrist, left knee and right knee pain that had remained unchanged from the prior visit. Quality of life was also noted to remain unchanged with no change in activities of daily living. The injured worker reported good pain control with current medications with functional improvement in his ability to consider re-entry to the workforce. Objective examination findings on 07-20-2015 and 08-31-2015 revealed tenderness to palpation of the left knee, particularly on the medial aspect with some swelling. A request for authorization of retrospective Methadone tab 10 mg sig: 1 bid (30-day supply) #215 was submitted. As per the 09-25-2015 utilization review, the request for Methadone was modified to certification of Methadone 10 mg #108 for progressive wean below total opioid MED of 120 for safety reasons, certification expires 10-25-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Methadone tab 10mg sig: 1 bid (30-day supply) #215: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Methadone.

**Decision rationale:** Review indicates the request for Methadone was modified for #108 for weaning purposes to have the patient below 120 MED. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, or decreased in medical utilization. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. Guidelines do not support chronic use of opioids and pain medications are typically not useful in the subacute and chronic phases, impeding recovery of function in patients. Methadone, a synthetic opioid, may be used medically as an analgesic, in the maintenance anti-addictive for use in patients with opioid dependency and in the detoxification process (such as heroin or other morphine-like drugs) as a substitute for seriously addicted patients because of its long half-life and less profound sedation and euphoria. Recommendations for weaning include reduction of 10% every 2-4 weeks down to 5% once a dose of one third of initial dosing has been reached. Submitted reports have not adequately identified significant clinical findings or red-flag conditions to continue the opiate for this unchanged chronic injury without functional benefit. The Retrospective Methadone tab 10mg sig: 1 bid (30-day supply) #215 is not medically necessary and appropriate.