

<b>Case Number:</b>	CM15-0209712		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	12/31/2001
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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: Arizona, 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 33 year old female with a date of injury of December 31, 2001. A review of the medical records indicates that the injured worker is undergoing treatment for failed spinal surgery syndrome, and facet compromise of the lumbosacral spine. Medical records dated August 12, 2015 indicate that the injured worker complained of back pain rated at a level of 4 out of 10, and numbness in the bilateral legs. A progress note dated October 7, 2015 documented complaints similar to those reported on August 12, 2015 with pain rated at a level of 7 out of 10. Per the treating physician (October 7, 2015), the employee was able to continue working due to the benefit of medications. The physical exam dated August 12, 2015 reveals difficulty getting on and off the exam table, tenderness across the lumbosacral area of the spine with muscle spasm along the paraspinal area of the lumbar spine, decreased sensation to light touch in the L4-5 dermatomes on the right, pain with valsalva, pain to palpation over the L3-S1 facet capsules on the right, pain with rotational extension, and secondary myofascial pain with triggering, ropey fibrotic bands, and spasm that has worsened since the last evaluation. The progress note dated October 7, 2015 documented a physical examination that showed similar findings to those documented on August 12, 2015 along with decreased muscle strength and reflexes of the right lower extremity, and positive straight leg raise testing bilaterally. Treatment has included medications (Methadone since at least April of 2015; Ibuprofen, Norco, Xanax, and Zanaflex), lumbar micro discectomy (April of 2004), lumbar epidural steroid injection with marked benefit, chronic spinal pain and lumbar spondylosis without myelopathy. The treating physician documented that "There was no evidence of drug abuse or diversion and no aberrant behavior". The urine drug screen dated April 17, 2015 showed results consistent with the injured worker's prescribed medications. The utilization review (October 15, 2015) partially certified a request for Methadone 10mg #240 to allow for weaning (original request for #270).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone tab 10 mg Qty 270, 30 day supply MED 1080: Upheld**

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic) - Opioids, dosing; Methadone.

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

**Decision rationale:** According to the guidelines, Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. It is only FDA-approved for detoxification and maintenance of narcotic addiction. In this case, there is no indication of need for detoxification or narcotic addiction. The claimant remained on Norco for several months along with Methadone. As a result, continued and long-term use of Methadone is not medically necessary.