

<b>Case Number:</b>	CM15-0023043		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	07/30/1999
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: Emergency Medicine

### 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 64 year old male sustained a work related injury on 07/30/1999. According to a progress report dated 12/05/2014, the injured worker continued to report severe pain to the low back causing difficulty performing activities of daily living as well as difficulty walking and standing. Chief complaints included low back pain radiating to the lower extremities, cervical area pain and bilateral hand pain. Previous pain rating was 5 (good day) and 8 (bad day) and current pain rating was 5 (good day) and 9 (bad day). Current medications included Neurontin 800mg one by mouth three times a day, Methadone HCL 10mg 2 tabs by mouth three times a day and Diazepam prescribed by other physician. Current problems included migraine headache, lumbar radiculopathy, failed back surgery syndrome and cervical radiculopathy right. The injured worker was permanent and stationary. According to the provider, an MRI showed right lower lumbar stenosis. On 01/24/2015, Utilization Review modified Methadone HCL 10mg #180. According to the Utilization Review physician, although the injured worker noted some improvement with medications, the current regimen of Methadone exceeds the 120mg oral morphine equivalents per day (MED) at 600mg MED. Therefore weaning was indicated. CA MTUS Chronic Pain Medical Treatment Guidelines were referenced. The decision was appealed for Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone HCL 10mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone, Pages 61-62 Page(s): 61-62.

**Decision rationale:** The requested Methadone HCL 10mg #180, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Methadone, Pages 61-62, note that Methadone is Recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The injured worker has migraine headache, lumbar radiculopathy, failed back surgery syndrome and cervical radiculopathy right. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Methadone HCL 10mg #180 is not medically necessary.