

<b>Case Number:</b>	CM15-0032956		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	05/17/2000
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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 53 year old male, who sustained an industrial injury on 5/17/2000. The diagnoses have included lumbago, sciatica, thoracic spondylosis without myelopathy, and lumbosacral spondylosis without myelopathy. Treatment to date has included medications. Currently, the IW complains of pain in the low back rated as 7/10 Pain had increased since the last visit. Objective findings included tenderness over the lumbar paravertebral muscles. On 2/09/2015, Utilization Review non-certified a request for Methadone HCL #240 noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS and ACOEM Guidelines were cited. On 2/23/2015, the injured worker submitted an application for IMR for review of Methadone HCL #240.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone HCL 10mg tablet #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** This patient presents with tenderness in the low back and has diagnoses of lumbago and sciatica. The current request is for METHADONE HCL 10MG TABLET #240. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires pain assessment or outcome measures that include current pain, average pain, least pain; intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. This patient has been prescribed Methadone HCL 10mg since at least 4/23/14. Each progress report provides an identical generic statement that says, "patient is stable on current medications and has not changed essential regimen in greater than six months. Function and activities of daily living improved optimally on current doses of medication." In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid. Furthermore, there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. This request IS NOT medically necessary and recommendation is for slow weaning per MTUS.