

<b>Case Number:</b>	CM15-0035871		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	09/09/2001
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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 60-year-old female, who sustained an industrial injury on September 9, 2001. The diagnoses have included degenerative disc disease (DDD), laminectomy and discectomy, disc bulge, disc herniation, facet arthropathy, bilateral knee replacement with revision and dysexecutive syndrome secondary to frontal lobe dysfunction. A progress note dated January 7, 2015 provided the injured worker complains of left shoulder, low back and bilateral knee pain. Pain is rated 4-5/10 with medication and 8/10 without medication. She has had a spinal cord stimulator implant. On January 28, 2015 utilization review non-certified a request for Methadone HCL 10mg tablet, 1 by mouth every 8 hours as needed for pain quantity: 60 Refills: 1. The Medical Treatment Utilization Schedule (MTUS) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated January 30, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone HCL 10mg tablet, 1 by mouth every 8 hours as needed for pain quantity: 60 Refills: 1: Upheld**

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

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

**Decision rationale:** Based on the 1/7/15 progress report provided by the treating physician, this patient presents with left shoulder pain, low back pain, and bilateral knee pain, with pain rated 8/10 on VAS scale. The treater has asked for METHADONE HCL 10MG TABLET, 1 BY MOUTH EVERY 8 HOURS AS NEEDED FOR PAIN QUANTITY: 10 REFILLS: 1 on 1/7/15. Patient's diagnosis per Request for Authorization form dated 1/7/15 includes multiple-level degenerative disc disease lumbar spine, s/p laminectomy/discectomy L4-5, s/p discectomy and laminectomy L5-S1, posterior disc bulge with annular tear L3-4, moderate to severe loss of disc height and disc disease L4-5, 10mm disc herniation L5-S1 with moderate to severe disc height loss, facet arthropathy with facet hypertrophy L4-5 and L5-S1, severe disc collapse L4-5 and L5-S1 with associated disc bulge resulting in neural foraminal narrowing at L4-5 and L5-S1 bilaterally, s/p SCS implant, s/p bilateral total knee replacements with 2 revisions on the left and 1 revision on the right, nonindustrial dysexecutive syndrome secondary to frontal lobe dysfunction. Patient's current medications include Methadone, Celebrex, Lidoderm patch, and Flexeril. Per treater report dated 1/6/14 the patient is on long term disability. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "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. Methadone has been included in patient's medications per treater reports dated 8/26/14, 9/23/14, 10/15/14, and 1/7/15. In this case, treater does state that pain is reduced from 8/10 in intensity to "4-5/10 with use of her current medications" per 1/7/15. However, the treater has not stated how Methadone reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.