

<b>Case Number:</b>	CM15-0040365		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	08/31/1990
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 (IW) is a 64-year-old female, who sustained an industrial injury on 08/31/1990. She reported pain in the shoulders, lower leg, and back. The injured worker was diagnosed as having pain in joint, shoulder region, pain in joint, lower leg, cervicalgia and lumbago. Treatment to date has included medications, activity modification, psychiatric treatment, exercises, and stretching. Currently, the injured worker complains of back pain and is dependent on Methadone for being able to cope with activities of daily living. Cymbalta and methadone have been prescribed since 2012. The treatment plan includes continuation of Cymbalta 60 mg, and Methadone 10 mg. The previous US modified the request to allow for a wean.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Therapy for Chronic Pain Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 74-96.

**Decision rationale:** MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, or increased level of function. MTUS further recommends opioid dosing not to exceed 120mg oral morphine equivalent per day cumulatively for all different opioids used. The morphine equivalent per day based on the progress notes appears to be 240 to 360 mg per day, which exceeds MTUS recommendations. The notes discuss a possible wean but here is no follow up on whether that was initiated or not. The medical records also show a discrepancy between the notes, the requested medications and pharmacy records as to how many tablets are being recommended and dispensed. The previous UR modified the request to allow for a wean which is reasonable. As such, the request for methadone 10 mg, #90 is not medically necessary.