

<b>Case Number:</b>	CM15-0049079		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	05/07/2010
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: Utah, Arkansas

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:

The injured worker is a 61-year-old male, who sustained a work/ industrial injury on 5/7/10. He has reported initial symptoms of lower back pain. The injured worker was diagnosed with lumbar Degenerative Disc Disease (DDD), lumbosacral radiculitis, sprain/strain. Treatments to date included medication, diagnostics, and aquatic therapy. Magnetic Resonance Imaging (MRI) of the lumbar spine reported solid posterior fusion at L4-5, no significant central stenosis or nerve root impingement at levels above the fusion, facet degenerative changes at L3-4. Small disk bulge at L2-3 with suggestion of an annular tear. X-ray of the lumbar spine reported solid fusion at L4-5 with spondylolisthesis of L5 on S1. Currently, the injured worker complains of low back pain radiating to the right lower extremity. The treating physician's report (PR-2) from 1/29/15 indicated post laminectomy syndrome. Pain level was as 5/10. Straight leg raise (SLR) is negative bilaterally and strength is intact. Medications included Methadone, Lisinopril, Atenolol, Fioricet, and Atorvastatin. Treatment plan included Methadone 10mg, take one by mouth three times daily, #90 (prescribed 01/29/2015), Methadone 10mg, take one by mouth three times daily, #90, do not fill before 02/28/2015 (prescribed 01/29/2015), Aquatic therapy 6 visits to thoracic and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10mg, take one by mouth three times daily, #90 (prescribed 01/29/2015):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 75-79.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. There is no clear functional gain that has been documented with this medication. Guidelines state that the discontinuation of opioid medication is recommended if there is no overall improvement in function. A previous taper has been recommended. According to the clinical documentation provided and current MTUS guidelines, Methadone is not medically necessary to the patient at this time.

**Methadone 10mg, take one by mouth three times daily, #90, do not fill before 02/28/2015 (prescribed 01/29/2015):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 75-79.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. There is no clear functional gain that has been documented with this medication. Guidelines state that the discontinuation of opioid medication is recommended if there is no overall improvement in function. A previous taper has been recommended. According to the clinical documentation provided and current MTUS guidelines, Methadone is not medically necessary to the patient at this time.

**Aquatic therapy 6 visits to thoracic and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Physical medicine guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, page 22.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Aquatic therapy. It is not stated in the clinical documents why regular (Land) therapy would not be indicated for the patient at this time. There is no indication why this would need to be aquatic therapy instead of a HEP. According to the clinical documentation provided and current MTUS guidelines, Aquatic therapy is not medically necessary to the patient at this time.