

<b>Case Number:</b>	CM15-0052215		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	08/18/2005
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 08/18/2005. Diagnoses include mechanical low back pain, degenerative joint disease of the lumbar spine, myofascial low back pain, and spondylolisthesis status-post surgical fusion in 2009, post-operative infection and 2 additional surgeries to ultimately remove the hardware and debride the infection. Treatment to date has included medications, and diagnostics. A physician progress note dated 02/17/2015 documents the injured worker has pain across his low back with constant radiation down his legs. Back pain is constant and sharp in character. Pain without his medications is 9 out of 10, and 5 out of 10 with his medications. Treatment plan is to continue Methadone, Miralax, and he is currently being worked up for surgery, currently he is not a surgical candidate, and a Urine Drug Screen was done this visit. Treatment requested is for Methadone 10mg quantity 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10mg quantity 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80, (3) Opioids, dosing, p86  
Page(s): 8, 76-80, 86.

**Decision rationale:** The claimant is nearly 10 years status post work-related injury and continues to be treated for low back pain. Treatments have included multiple surgeries. Medications include methadone at a total MED (morphine equivalent dose) of 80 mg per day. The treating provider documents medications as decreasing pain from 9/10 to 5/10. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Methadone is a long acting opioid used for the treatment of baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED is less than 120 mg per day consistent with guideline recommendations. There is effective pain control. Therefore, the continued prescribing of methadone was medically necessary.