

<b>Case Number:</b>	CM15-0082858		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	01/18/1993
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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: Emergency Medicine

### 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 58 year old female, who sustained an industrial injury on 1/18/93. The injured worker was diagnosed as having chronic low back pain. Treatment to date has included pain management, oral medications including Methadone and Morphine, lumbar paravertebral radiofrequency neurolysis/facet Rhizotomy left L3, 4 and 5. Currently, the injured worker complains of constant and severe chronic low back pain with most prominent discomfort in upper, mid and lower lumbar spine with radiation to the left buttock. Physical exam noted the injured worker appeared tired and in moderate pain. The treatment plan included refills of Valium, Methadone and Morphine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10mg #120:** Upheld

**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 Methadone, Pages 61-62.

**Decision rationale:** The requested Methadone 10mg #120, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Methadone, Pages 61-62, note that Methadone is "Recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk." The injured worker has constant and severe chronic low back pain with most prominent discomfort in upper, mid and lower lumbar spine with radiation to the left buttock. Physical exam noted the injured worker appeared tired and in moderate pain. The treating physician has not documented failed trials of first-line opiates, nor objective evidence of functional improvement from previous use nor measures of opiate surveillance. The criteria noted above not having been met, Methadone 10mg #120 is not medically necessary.

**Morphine sulfate 30mg #90:** Upheld

**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 Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

**Decision rationale:** The requested Morphine sulfate 30mg #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has constant and severe chronic low back pain with most prominent discomfort in upper, mid and lower lumbar spine with radiation to the left buttock. Physical exam noted the injured worker appeared tired and in moderate pain. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Morphine sulfate 30mg #90 is not medically necessary.