

<b>Case Number:</b>	CM13-0030889		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	12/18/2011
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Ohio and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 36-year-old male who reported an injury on 12/18/2011. The mechanism of injury was not stated. The patient reportedly sustained an injury to the low back resulting in a disc bulge at the L5-S1. The patient underwent a discectomy followed by a steroid injection without improvement. The patient's medications included methadone 90 mg and Dilaudid 24 mg. The clinical documentation submitted for review does provide evidence that the patient is monitored for aberrant behavior by urine drug screens. The patient's most recent physical examination findings included tenderness to palpation over the L5-S1 region and buttock area with 3/5 left-sided push/pull test and a positive straight leg raising test on the right. It was noted that the patient experienced pain rated 6/10 without medications reduced to a 2/10 to 3/10 with medications. The patient's diagnoses included sciatica. The patient's treatment plan included continued medication usage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone HCL 10mg #270:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78.

**Decision rationale:** The requested methadone hydrochloride 10 mg #270 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has significant and chronic pain complaints. The California Medical Treatment Utilization Schedule recommends the continued use of methadone be supported by increased functional benefit, evidence of pain relief, management of side effects, and consistent monitoring for aberrant behavior. The clinical documentation submitted for review does provide evidence that the patient has reduced pain, managed side effects and is monitored for aberrant behavior. However, there is no documentation of increased functional benefit as it relates to this medication. As such, the requested methadone hydrochloride 10 mg #270 is not medically necessary or appropriate.