

<b>Case Number:</b>	CM14-0103923		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	12/19/1995
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	06/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in California. 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/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 records presented for review indicate that this 62 year-old female was reportedly injured on December 19, 1995. The most recent progress note, dated July 3, 2014 indicates that there are ongoing complaints of neck pain with upper extremity radicular symptoms. The physical examination on this progress note fails to provide any findings of the cervical spine and a peripheral neurologic examination was not performed. Recent diagnostic images have not been submitted for review. The most recent clinical document provided is dated September 8, 2014. This note indicates the claimant was prepped for operative intervention cervical spine, but secondary to a complication the operating room the surgery was canceled and will be rescheduled. Previous treatment includes surgery, oral opiates, and therapy. The progress note dated June 26, 2014 indicates the claimant is scheduled to undergo revision cervical spine surgery with fusion from C3-T3. The progress note in question prior to the utilization review notes that the clinician initiated weaning of the methadone. A request had been made for Methadone and was not certified in the pre-authorization process on June 7, 2014. A weaning dose was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Methadone 10mg #111: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The MTUS supports the use of opiates for the management of neuropathic type pain. Based on the clinical documentation provided, the clinician felt that the methadone was not providing substantial pain relief and began tapering that dose. The recommended tapering by the clinician falls within the MTUS guidelines for total reduced dose. Specifically, the clinician reduce the dose from 180 tablets monthly to 111 tablets. This represents an approximate 40% reduction in total dose. This is supported by the MTUS tapering guidelines. As such, the request is considered medically necessary as abrupt cessation of this medication is not advisable.