

<b>Case Number:</b>	CM14-0168314		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	04/13/1998
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Family Practice, 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:

This is a 54 year old male claimant sustained a work injury on 4/13/98 involving the low back and knees. She was diagnosed with lumbar disc disease and underwent a lumbar laminectomy and subsequently developed post-laminectomy syndrome. She had been on various opioid analgesics for several years for pain control. A progress note on 9/12/14 indicated the claimant had not been able to get his Oxycontin for pain. He continued to have back pain. He previously received Synvisc injections for his knees. Exam findings were notable for reduced strength in the right leg and pain in the knees. The claimant was continued on Oxycontin and Naproxen and was also given Methadone 10 mg TID.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone HCL 10mg # 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61.

**Decision rationale:** According to the guidelines, Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The claimant was on

another opioid Oxycontin. There is no indication that one opioid is superior to another. In addition, Methadone is only FDA-approved for detoxification and maintenance of narcotic addiction. The Methadone is not medically necessary.