

<b>Case Number:</b>	CM14-0168855		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	02/01/2003
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	10/01/2014
<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:

51 year old female claimant sustained a work injury on 2/1/03 involving the upper extremities. She was diagnosed with chronic pain syndrome and had been on Nucynta and Methadone since at least 2013. A progress note on 6/4/14 indicated the claimant had 7/10 pain. She had been on Norco, Baclofen, Valium, Temezapam and Methadone 50 mg TID. Exam findings were notable for claw formation of the right hand. She was able to maintain activities of daily living and had a normal toxicology screen. The treating physician continued her Methadone 10mg for 30 days and to be taken 5 tablets every eight hours #450 tablets along with Norco 20mg every 6 hours.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10mg #450:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone and opioids Page(s): 61 82-92.

**Decision rationale:** According to the MTUS guidelines, Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. Prescribing over 40 mg, Methadone tablets should be avoided for chronic non-malignant pain.

This product is only FDA-approved for detoxification and maintenance of narcotic addiction. In this case, there was no indication of narcotic addiction or need for narcotic withdrawal. The claimant did not have a malignancy. The continued use of Methadone as prescribed above is not medically necessary.