

<b>Case Number:</b>	CM14-0092557		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	11/29/2001
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 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:

This is a 53-year-old male who reported an industrial injury on 11/29/2001, almost 13 years ago, attributed to the performance of his usual and customary job tasks. The patient is noted to have undergone a lumbar spine fusion. The patient complains of ongoing back pain with sharp pain noted just above the surgical incision. The patient is being prescribed Lyrica 200 mg TID; Norco 10/325 mg 2 qid; methadone 10 mg 14 tabs q day; Cymbalta 90 mg q day; and ibuprofen. The objective findings on examination demonstrated no significant change; continued ambulate with the assistance of a cane; antalgic gait; tenderness across the lumbar region and thoracic spine; decreased range of motion to the lumbar spine. The diagnoses included failed back syndrome; history of lower extremity radiculopathies; status post L5-S1 lumbar fusion secondary to severe spondylolisthesis; secondary depression; secondary hypogonadism due to high narcotic dose; obesity; left foot fifth and tarsal nonunion fracture; sleep apnea; diabetes. The treatment plan included methadone 10 mg #420 tabs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10mg tablet, #420.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-306, Chronic Pain Treatment Guidelines opioids Page(s): 74-97. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 6 pages 114-116, Official Disability Guidelines (ODG) Pain Chapter Opioids

**Decision rationale:** There is no clinical documentation with objective findings on examination to support the medical necessity of Methadone 10 mg #420 for this long period of time or to support ongoing functional improvement. There is no provided evidence that the patient has received benefit or demonstrated functional improvement with the prescribed Methadone 10 mg. There is no demonstrated medical necessity for the prescribed Opioids as there is no demonstrated functional improvement for the prescribed high dose opioids. The continued prescription for Methadone 10 mg #420 is not demonstrated to be medically necessary.