

<b>Case Number:</b>	CM14-0085243		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	01/22/2001
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/07/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 injured worker is a 51 year old female, who sustained an industrial injury on 1/22/01. The injured worker was diagnosed as having cervical post laminectomy syndrome, cervicobrachial neuritis or radiculitis, cervical sprain/strain, thoraco-lumbar neuritis or radiculitis. Treatment to date has included C3-5 cervical fusion in 2001, fusion of the back in 2002, and placement of an epidural spinal cord stimulator on 4/19/12. A physician's report dated 4/30/12 noted the injured worker was taking Methadone. At that time pain was rated as 7/10 with medication and 9-10/10 without medication. A physician's report dated 3/24/14 noted pain was rated as 7/10 with medications and 10/10 without medications. A physician's report dated 4/21/14 noted pain was rated as 7/10 with medications and 10/10 without medications. Currently, the injured worker complains of pain in the low back, neck, and bilateral feet. The treating physician requested authorization for Methadone 10mg #180. A physician's report dated 4/21/14 noted tapering down of Methadone was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription Methadone 10mg #180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone; Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
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**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. It is only FDA-approved for detoxification and maintenance of narcotic addiction. In this case, there is no indication of need for detoxification or narcotic addiction. The claimant was on Methadone for years. It was taken in the past in combination of Subsys (Fentanyl). There was no indication of a weaning protocol. As a result, continued and long-term use of Methadone as prescribed above is not medically necessary.