

<b>Case Number:</b>	CM15-0101866		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	01/28/1999
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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:

This 54 year old male sustained an industrial injury to the low back on 1/28/99. Dexascan (2012) revealed osteoporosis. Recent treatment included hormone replacement therapy and medications. In a PR-2 dated 4/20/15, the injured worker complained of ongoing low back pain with radiation to bilateral lower extremities rated 8-10/10 on the visual analog scale. Physical exam was remarkable for tenderness to palpation to the lumbar spine with full range of motion and positive right straight leg raise. The injured worker ambulated with an antalgic gait. Current diagnoses included lumbar radiculopathy, low back pain, thoracic spine radiculitis, dysthymia, depression, hypertension and diabetes mellitus. The treatment plan included a two week trial of methadone and continuing Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone HCL 10mg #135:** Upheld

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

**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. 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 had high level of pain despite prior use of multiple long acting opioids. There is no indication that one opioid is superior to another. As a result, continued and long-term use of Methadone is not medically necessary.