

<b>Case Number:</b>	CM15-0012051		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	12/08/1997
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 59- year old female, who sustained an industrial injury on December 8, 1997. The diagnoses have included chronic pain syndrome, lumbar spondylosis, complex regional pain syndrome. Treatment to date has included pain medication, a pain management consultation, physical therapy with a home exercise program, rest, activity restriction, chiropractic therapy, lumbar brace, lumbar sympathetic blocks, a spinal cord stimulator, psychotherapy, and left L4-5 and L5-S1 radio-frequency facet ablation. Currently, the IW complains of chronic constant left-sided back pain along with neck pain and right leg pain. The worker reported ambulation was less painful with the use of a walker. With lumbar medial branch block at the L4-5 and L5-S1 joints, the worker was able to reduce her pain medication by one tablet and had been able to perform more activities of daily living. Physical exam was remarkable for tenderness and mild edema in the right lumbar paraspinal muscles, tenderness in the cervical facet joints on the right hand side and pain with cervical spondylosis. On January 5, 2015, the Utilization Review decision non-certified a request for Methadone tablets 10mg, count 27 for progressive weaning of ten percent per week for safety reasons, noting the request for Methadone 10mg does not meet the threshold for medical necessity. For this opioid, the maximum effective dose (MED) is 240 and 300 for combined opioids placing the patient at an excess risk of morbidity and mortality related to opioid therapy alone. The MTUS, ACOEM Guidelines, Chronic Pain Medical Treatment Guidelines was cited. On January 13, 2015, the injured worker submitted an application for IMR for review of Methadone tablets 10mg, count 27 for progressive weaning of ten percent per week for safety reasons.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone tab 10 mg, 30 day supply, # 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Methadone Page(s): 86, 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** Based on the 11/11/14 progress report provided by treating physician, the patient presents with chronic constant left-sided back pain along with neck pain and right leg pain. The request is for METHADONE TAB 10MG 30 DAY SUPPLY #90. Patient's diagnosis per Request for Authorization form dated 07/16/14 included chronic pain syndrome, lumbar spondylosis, and complex regional pain syndrome. The patient is status post diagnostic lumbar medial branch block at the bilateral L4-L5 and L5-S1 joints approximately 2 weeks ago, per treater report dated 07/08/14. Patient ambulates with a walker. Patient's medications include Methadone, Norco, Valium, Trazodone, Senokot, Prevacid, Paxil, Pravastatin, Levothyroxine and topicals. Per progress report dated 11/11/14, treater states " with respect to her medications, kindly note the patient needs all of these medications to treat and/or relieve the effects of her industrial injury... unfortunately, she does have a chronic pain issue dating back a couple of decades...I have worked to decrease whatever I can within the timeframe and treatment allowed for this patient... I am going to request and/or demand this patient to have this medication for the foreseeable future. I will be able to judge if and when she will be able to reduce any of the medications, but for the time being she will continue her Methadone three times ad day..." Patient's work status is not available.MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior) as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief.Methadone was included in patient's prescriptions per treater reports dated 07/08/14 and 11/11/14. It is not known when Methadone was initiated. In this case, treater has not stated how Methadone reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS's, opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.Methadone was included in patient's prescriptions per treater reports dated 07/08/14 and 11/11/14. It is not known when Methadone was initiated. In this case, treater has not stated how Methadone reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS's, opioid pain agreement or CURES reports. No return to work, or change in work status,

either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.