

<b>Case Number:</b>	CM15-0015599		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	08/03/1992
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: Ohio, North Carolina, Virginia  
 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 47 year old male, who sustained an industrial injury on 8/3/92. The injured worker has complaints of severe low back and right radicular pain. The documentation noted on the PR2 dated 1/7/15 that his average pain level without medications is a 10/10, with medications 4/10 and on this date 6/10. The diagnoses have included lumbago; thoracic/lumbosacral neuritis/radiculitis unspecified and post-laminectomy syndrome lumbar region. Treatment to date has included that the injured worker has a spinal cord stimulator; intermittent steroid injections, lumbar laminectomy and medications. The documentation noted that he had a lumbar epidural on 10/7/13 with greater than 60% reduction in pain for many months. Work status remains as temporarily totally disabled. According to the utilization review performed on 1/13/15, the requested Methadone HCL 10mg has been modified to Methadone HCL 10mg #102 between 12/23/14 and 3/13/15. The methadone HCL guidelines were used in the utilization review with documentation noting that weaning of methadone had been initiated per previous review and that the injured worker is still beyond the recommended daily dose.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone HCL 10mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** Those prescribed opioids like Methadone chronically require ongoing monitoring of pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued when pain and functionality improve and/or the injured worker has regained employment. The total morphine equivalency should not exceed 120 mg per day unless directed by a pain management physician. In this instance, the injured worker does report improved pain with the methadone. Improved functionality evidence is given by an increased ability to be mobile, tolerate ADL's and do a home exercise program. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. The prescribed amounts of methadone had been on the order of 80 mg a day or 240 tablets per month. The last several utilization reviews had instituted a wean. The quantity per month approved had been #160, then 126, and most recently #102. In this instance, there seems to be no reduction in the dependency on medical treatment and hence the full requirements for functional improvement do not appear to be satisfied. The requested methadone 10 mg does not contain a desired quantity of medication and therefore is not medically necessary as this would leave no parameters for the physician and consequently no means of assuring a continued weaning which would appear to be appropriate in this instance.