

<b>Case Number:</b>	CM15-0016775		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	11/09/2009
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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, Hawaii

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 31 year old male, who sustained an industrial injury on 11/09/2009. He reported injury to his low back following a motor vehicle accident. The injured worker was diagnosed as having chronic low back pain, lumbar facetar arthritis, right sacroiliitis, possible lumbar radiculopathy, and myofascial pain. Treatment to date has included diagnostics, physical therapy, epidural injection, radiofrequency ablation, transcutaneous electrical nerve stimulation unit, H wave unit, and medications. Currently, the injured worker complains of persistent low back pain, right hip, and right lower extremity pain. Pain was rated 5-6/10. He was currently not working. He reported that H wave did help his symptoms and allow him to be more active with less pain. The use of Methadone was noted since at least 5/2013. The treatment plan included continued medications, with discussion of lowering Methadone. Qualified Medical Evaluation (12/08/2014) noted recommendation for aggressive pursuit of reducing dose (Methadone) and be treated with non-narcotic management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10mg #90:** Overturned

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

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

**Decision rationale:** The patient presents with pain affecting the low back, right hip, and right lower extremity. The current request is for Methadone 10mg # 90. The treating physician report dated 12/05/14 (48 #0016775, separate from 5-26-15 folder) states, "He feels the pain medication does help maintain his activity level and decrease his pain level. He feels without the pain medications he would be in bed most of the day lessening his quality of life." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided, show the patient has been taking Methadone since at least 4/24/14. The report dated 12/05/14 notes that the patient's pain level is 5-6/10 while on current medication. The report also notes that the patient is to return to work until 12/31/14 with restrictions. No adverse effects or adverse behavior were noted by patient. The continued use of Methadone has improved the patient's symptoms, allowed the patient to maintain his activity level and improve the quality of his life. In this case, all four of the required A's are addressed, the patient's pain level has been monitored upon each visit and functional improvement has been documented. Recommendation is for authorization.