

<b>Case Number:</b>	CM15-0017272		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	02/22/2001
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/14/2015
<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: New Jersey

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 32 year old female, who sustained an industrial injury on 2/22/2001. On 1/29/15, the injured worker submitted an application for IMR for review of Methadone 10mg one by mouth, two (2) times per day, #90. The treating provider has reported the injured worker complained of right knee pain, swelling, weakness and locking and went to the emergency room for treatment. The diagnosis was two knee spurs. She is also being treated by a rheumatologist for rheumatoid arthritis. The diagnoses have included lumbar sprain and post-traumatic headaches. Treatment to date has included urine toxicology screening for medication management, EMG/NCV left lower extremity (8/21/14. On 1/14/15 Utilization Review MODIFIED THE REQUEST FOR Methadone 10mg one by mouth, two (2) times per day, #90 to #45 (01/14/15-02/14/2015). The MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10mg one by mouth, two (2) times per day, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 79-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, although there was reports of her functioning better with the use of methadone, this was not effectively quantified. Also, a recent pain level was not labeled as being with or without the medication and no comparison between any pain differences was made in the progress notes available for review. Also, the request was for twice daily use of methadone for up to 3 months, and the notes suggested she only used it as needed up to once daily, suggesting that the number of pills requested is more than reasonable for one office visit. Therefore, the request for "methadone 10 mg two times per day, #90" will be considered medically unnecessary.