

Case Number:	CM15-0111558		
Date Assigned:	06/18/2015	Date of Injury:	01/11/2013
Decision Date:	07/16/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/09/2015

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, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 male, who sustained an industrial injury on January 11, 2013. He reported a fall with back injury. The injured worker was diagnosed as having chronic pain syndrome, degeneration of lumbosacral intervertebral disc, lumbar postlaminectomy syndrome, low back pain/lumbago, and cauda equina syndrome. Diagnostic studies to date have included MRIs, x-rays, electromyography/nerve conduction study (EMG/NCS), and urine drug screening. On October 25, 2013, an MRI of the lumbar spine revealed transitional lumbosacral anatomy with lumbarization of the sacral 1 segment and the first well-formed intervertebral disc is considered lumbar 5-sacral 1, which corresponds to the level of posterior decompression. There were status post posterior decompression changes at lumbar 5-sacral 1 with postsurgical changes. There was a homogenously enhancing soft tissue focus in the left lateral recess at lumbar 5-sacral 1 that most likely represents granulation tissue. There was left lateral recess effacement. On November 3, 2014, the urine drug screen was positive for Methadone and negative for illicit drugs and unlisted medications. Treatment to date has included work modifications, aquatic therapy, psychotherapy, a lumbar epidural steroid injection, lumbar support, and medications including opioid pain, topical pain, anti-epilepsy, antidepressant, and topical non-steroidal anti-inflammatory. On May 7, 2015, the injured worker complains of continued sharp pain of the low back and bilateral legs. Associated symptoms include occasional give way of the legs due to weakness and incontinence of bowel and bladder. He takes Methadone 5 per day, which allows him to shower, walk short distances, and improves his sleep a little. In addition, he complains of upper back pain and occasional numbness in his neck. The

physical exam revealed tenderness to palpation over the thoracic paraspinal muscles overlying the facet joints and diffusely in the thoracic area. The lumbar spine exam revealed limited flexion and extension, abnormal reversal of the lumbar lordosis, well healed surgical scars, tenderness over the midline lumbar spine bilaterally, and positive straight leg raise bilaterally. The treating physician noted exquisite tenderness to palpation diffusely throughout. There was normal motor strength of the bilateral lower extremities with give way weakness, within normal limits sensation, and normal deep tendon reflexes except for the right Achilles was trace. The treatment plan includes a urine drug screen and continuing the Methadone 10 mg 1 tablet every 4-6 hours as directed. Requested treatments include: Methadone 10 mg #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10 mg Qty 150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 61.

Decision rationale: According to MTUS guidelines, section Medications for chronic pain, Methadone is recommended as a second line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with these medications. As an opioid, Methadone should be used in the context of a well-established plan, tailored to the patient needs, when there is no reasonable alternative to treatment and when the patient is responsive to treatment. The lowest possible effective dose should be used. In this case, the patient continues to have severe pain despite the use of Methadone. Furthermore, it appears that a multidisciplinary approach was not used in a patient who continued to report severe pain despite the use of Methadone and other pain medications. Based on the above, the prescription of Methadone 10mg #150 is not medically necessary.