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| <b>Case Number:</b>   | CM15-0121281 |                              |            |
| <b>Date Assigned:</b> | 07/02/2015   | <b>Date of Injury:</b>       | 12/13/2001 |
| <b>Decision Date:</b> | 08/04/2015   | <b>UR Denial Date:</b>       | 05/29/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/23/2015 |

### 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, Pain Management

### 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 33 year old female who sustained an industrial injury on 12/13/01. Primary treating physician's progress report dated 5/19/15 reports continued complaints of lower back pain described as cramping, sharp, stabbing, pressure and shooting, rated 4-5/10. She has numbness and stiffness going into her right and left legs. The pain is made worse by extension, flexion, stretching and lifting. Pain medications provide 90% relief of pain. Aquatic therapy also provides great benefit. Diagnoses include: status post microdiscectomy lumbar spine with failed spinal surgery syndrome, facet compromise of her lumbosacral spine, disc annular disruption syndrome, chronic spinal pain, post laminectomy syndrome and spondylosis without myelopathy. Plan of care includes: discussed in detail the use of narcotic pain medication including risks, benefits and precautions, request current medications ibuprofen, Inderal, Methadone 10 mg tablet 2 in the morning, 2 at noon, 2 in the evening and 3 at night, Norco, Xanax and zanaflex 6 mg 1 tablet 4 times per day. Work status is full duty. Follow up in one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone tab 10 mg Qty 270, 30 day supply (MED 1080): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone; Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Opioids, dosing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44, 47, 75-79, 120.

**Decision rationale:** Regarding the request for Methadone, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) and the reported amount of pain relief is inconsistent on the current medical report. As such, there is no clear indication for ongoing use of the medication. In light of the above issues, the currently requested Methadone is not medically necessary.