

<b>Case Number:</b>	CM15-0122290		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	08/13/2008
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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:

This is a 55 year old male with an August 13, 2008 date of injury. A progress note dated May 26, 2015 documents subjective complaints (left shoulder pain radiating to the neck and head; pain rated at a level of 10/10 without pain medications and 9/10 with pain medications), objective findings (severe decreased range of motion of the left shoulder; severe tenderness to palpation of the left shoulder; positive apprehension test of the left shoulder), and current diagnoses (complete tear of the rotator cuff; rotator cuff sprain; chronic pain syndrome). Treatments to date have included magnetic resonance imaging of the left shoulder (November 9, 2011; showed a larger re-tear of the rotator cuff with retracted supraspinatus and infraspinatus, moderate degenerative arthritis of the glen humeral joint), total shoulder replacement, medications, and activity modification. The medical record indicates that Methadone offers 90% pain relief. The treating physician documented a plan of care that included Methadone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**360 Tablets of Methadone 10mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone, opioids, weaning of medications.

**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 this 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, there is no evidence of significant functional improvement with the prior use of Methadone. In addition, the UDS collected in February 2014 revealed the presence of marijuana (illegal substance) with methadone. Based on the above, the prescription of Methadone 10mg is not medically necessary.