

<b>Case Number:</b>	CM15-0123650		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	03/29/2000
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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 York

Certification(s)/Specialty: Anesthesiology

### 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 49 year old female, who sustained an industrial injury on 3/29/2000. The mechanism of injury on 3/29/2000 is unclear. She has a history of cumulative trauma from 1996 through 1998 secondary to poor ergonomics, which involved her back, thoracic spine and neck. The injured worker was diagnosed as having chronic cervical strain, thoracic disc herniation, lumbar degenerative disc disease, chronic pain, and lumbosacral neuritis. Treatment to date has included magnetic resonance imaging of the lumbar spine, magnetic resonance imaging of the thoracic spine, multiple lumbar spine surgeries, medications, CT myelogram, physical therapy, and epidural injections. The request is for Methadone 10 mg #60. On 3/28/2015, she is seen for chronic pain syndrome, low back pain, anxiety, and stress. Neurontin is noted to have been tried and failed as not having worked for her pain. She reported spending her own money on medications. She is noted to be tear, unkempt, upset, and continually shifting positions. Her prescriptions for Soma, Methadone, Oxycodone, Lyrica, Duloxetine, and Diazepam are refilled. On 4/22/2015, she reported that her pain "remains unabated". She is reported to have very complex back issues causing severe sciatica bilaterally, causing her to on many days not even get out of bed, or shower without assistance. She reported that having bowel movements causes her pain due in part to the increased abdominal pressure on her low back. She denies being constipated. Her blood pressure is 118/58, pulse 100. The treatment plan included refilling her medication prescriptions, and discussion of other methods of payment for prescriptions. On 5/20/2015, she reported that her overall pain is "still horrible". She had continued neck, back and leg pain. She indicated she did not feel her medications were working very well. The provider

noted that he had cut her back by one Methadone a day every other day on her last visit. She is reported as "never leaving the house" due to it being very painful for her to get in/out of her vehicle. Her provider reported not feeling comfortable with prescribing copious amounts of narcotics. She is reported to have been seen by a pain specialist who she felt had not been helpful. The treatment plan included: referral to pain management, transportation, Oxycodone, Soma, Cymbalta, Diazepam, and Methadone. The records indicate long term use of Methadone since at least December 2014, possibly longer.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Methadone 10mg quantity 60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Methadone Page(s): 74-95, 61-62.

**Decision rationale:** Methadone is recommended as a second-line drug for moderate to severe pain, only if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half-life of the drug (8-59 hours). Pain relief on the other hand, only lasts from 4-8 hours. Genetic differences appear to influence how an individual will respond to this medication. Delayed adverse effects may occur due to methadone accumulation during chronic administration. Systemic toxicity is more likely to occur in patients previously exposed to high doses of opioids. Multiple potential drug-drug interactions can occur with the use of Methadone. This drug should be reserved for use by experienced practitioners, including pain medicine or addiction specialists. Methadone is considered useful for treatment when there is evidence of tolerance to other opiate agonists or when there is evidence of intractable side effects due to opiates. In this case, there is no documentation of objective functional benefit with prior medication use. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.