

<b>Case Number:</b>	CM15-0062842		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	12/09/2007
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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

### 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 38-year-old male, who sustained an industrial injury on 12/9/2007. Diagnoses have included chronic, unresolved lumbosacral sprain/strain with segmental dysfunction and reflexogenic hypertonicity, Piriformis syndrome and chronic, unresolved cervicothoracic sprain/strain with joint dysfunction and reflexogenic hypertonicity. Treatment to date has included lumbar magnetic resonance imaging (MRI), lumbar surgery and medication. According to the progress report dated 3/11/2015, the injured worker complained of back pain rated 1/10. Back pain was described as aching, dull, stiff, sore and spasm. He reported radicular pain in the right and left leg. He also complained of cervical pain rated 2/10. He complained of numbness and tingling, radicular pain in the right and left arm and weakness in the right and left arm. It was noted that a urine drug screen on 2/9/2015 was within normal limits. The injured worker was working full time. Physical exam revealed mild point tenderness across the superior aspect of the patella. Authorization was requested for Methadone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 5mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** According to the 03/11/2015 report, this patient presents with a 1/10 back pain and low back pain that is aching, dull, stiff, and sore and spasm. The current request is for Methadone 5mg #60. This medication was first mentioned in the 11/10/2014 report; it is unknown exactly when the patient initially started taking this medication. The request for authorization is on 03/13/2015. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's; analgesia, ADLs, adverse side effects, and aberrant behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Based on the provided medical reports for review, the treating physician states "there is no evidence of drug abuse or diversion, no aberrant behavior observed and no ADR'S reported. Medication was reviewed and DDI was checked, he has no side effects, no complications, no aberrant behavior, UDS on February 09, 2015 the most recent was WNL." The patient has "about 60% improvement in pain" and " has been working to his best ability full time noting benefit with the use of medications has allowed him to work." In this case, the treating physician's report shows proper documentation of the 4A's as required by the MTUS guidelines. Therefore, the current request is medically necessary.