

<b>Case Number:</b>	CM15-0068425		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	01/13/1974
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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 72 year old, female who sustained a work related injury on 1/13/74. The diagnoses have included chronic neck pain, cervical radiculopathy, cervical muscle spasm, postlaminectomy syndrome cervical region, cervical disc degeneration, postlaminectomy syndrome of lumbar region, chronic low back pain, lumbosacral radiculitis, lumbar spinal stenosis and lumbar disc degeneration. Treatments have included medications, x-rays, MRI's, heat/ice therapy, stretching exercises, activity restriction and rest. In the PR-2 dated 2/11/15, the injured worker complains of neck and low back pain. She complains of cervical and lumbar radiculopathy. She complains of a severe flare-up of pain since cutting back on Methadone. She reports "everything aches". The treatment plan is a request for authorization for continuing pain medication regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10mg #315:** Upheld

**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 opioidsHydrocodone Page(s): 88-90, 76-78.

**Decision rationale:** The patient presents with cervical and lumbar radiculopathy with complains of a severe flare-up of pain since cutting back on Methadone. The request is for Methadone 10mg #315. The provided RFA is dated 03/17/15 and the date of injury is 01/13/74. The diagnoses have included chronic neck pain, cervical radiculopathy, cervical muscle spasm, postlaminectomy syndrome cervical region, cervical disc degeneration, postlaminectomy syndrome of lumbar region, chronic low back pain, lumbosacral radiculitis, lumbar spinal stenosis and lumbar disc degeneration. Medications include Methadone, Zanaflex, Oxycodone IR, Prilosec, and Elavil. Per 03/11/15 report, with medications the patient's pain is decreased from a VAS of 9-10/10 to a 6/10. The patient's work status is unavailable. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, the patient has been using the Methadone at least since 09/08/14, per provided medical reports. Per 03/11/15 report, treater states, "The patient reports pain severely interferes with all abilities to perform ADLs and overall functioning including shopping, housework, hygiene, self care, meal prep, work, and relationships." The use of opiates requires detailed documentation regarding pain and function as required by MTUS. In this case, there are no validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, etc. No opioid pain agreement, UDS or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request for Methadone 10mg is not medically necessary.