

<b>Case Number:</b>	CM15-0076492		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	09/24/2007
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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:

This 59-year-old woman sustained an industrial injury on 9/24/2007. The mechanism of injury is not detailed. Evaluations include cervical spine MRIs dated 2/8/2012 and 5/1/2013. Diagnoses include neck pain and bilateral upper extremity repetitive strain injury. Treatment has included oral medications. Physician notes dated 1/22/2015 show complaints of bilateral upper extremity and neck pain. Recommendations include Methadone and Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone HCL 10mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-90.

**Decision rationale:** The patient presents with pain in the bilateral upper extremity and neck pain, rated 3-4/10. The request is for METHADONE HCL 10MG #180. There is no RFA provided and the patient's date of injury is 09/24/07. The diagnoses include neck pain and

bilateral upper extremity repetitive strain injury. Per 12/09/14 report, physical examination revealed tenderness in the neck, and bilateral arms. Treatment has included oral medications. Current medications include Methadone and Prilosec. The patient is temporarily totally disabled. 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." Methadone was prescribed to the patient at least since 04/21/15, per provided medical reports. The use of opiates requires detailed documentation regarding pain and function, per MTUS. In this case, treater has not stated how Methadone reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement 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 IS NOT medically necessary.