

<b>Case Number:</b>	CM15-0091399		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	12/13/2001
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 33-year-old female, who sustained an industrial injury on 12/13/01. The injured worker has complaints of back pain, low back pain and lumbar complaints. The documentation noted that she has nociceptive, neuropathic and inflammatory pain. The documentation noted that lumbosacral exam reveals pain with valsalva, pain to palpation over the L3 to L4, L4 to L5 and L5-S1 (sacroiliac) facet capsules right, pain with rotational extension indicative of facet capsular tears right and secondary to myofascial pain with triggering, ropey fibrotic banding and spasm and this has worsened. The diagnoses have included lumbago. Treatment to date has included status post microdiscectomy lumbar spine times one in April 2004 with failed spinal surgery syndrome; magnetic resonance imaging (MRI) of the lumbosacral spine on 2/1/10 showed normal disc space, height and hydration characteristic at disc spaces from T10-L4, L4-L5 shows likely right hemilaminectomy defect and a 3 millimeter or greater disc annulus bulge in congestion with end plate ridging, not indenting thecal sac, slight posterior displacement of the right proximal right S1 (sacroiliac) nerve root suggesting correlation between the electromyography/nerve conduction velocity study; aquatic therapy; ibuprofen; methadone; norco; Xanax and zanaflex. The request was for methadone tab 10mg #270.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone tab 10mg #270:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, pages 76-80 (2) Opioids, dosing, page 86.

**Decision rationale:** The claimant sustained a work-related injury in December 2001 and continues to be treated for chronic low back pain. When seen, pain was rated at 4/10. Medications are referenced as allowing for continued unrestricted work. Physical examination findings included appearing uncomfortable and she had difficulty transitioning positions. There was decreased right lower extremity sensation. There were trigger points and facet testing was positive. Methadone and Norco were prescribed at a total MED (morphine equivalent dose) of 1200 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is 10 times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Therefore, ongoing prescribing of methadone at this dose is not medically necessary.