

<b>Case Number:</b>	CM15-0098553		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	07/21/2003
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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 54 year old male, who sustained an industrial injury on 7/21/2003. He reported low back pain. The injured worker was diagnosed as having lumbosacral neuritis. Treatment to date has included magnetic resonance imaging of the lumbar spine (7/17/2007), left sacroiliac joint injection (9/4/2008), TENS, revision of dorsal column stimulator (9/13/2012), removal of old Medtronic pulse generator (9/17/2012), physical therapy, facet lumbar epidural steroid injection, and lumbar fusion. The request is for Methadone. On 4/13/2015, he complained of low back pain despite having lumbar fusion and then hardware removal. He is reported to have continued on Oxycontin, Methadone, Neurontin, Zolof, and Wellbutrin. Physical examination revealed well healed surgical scars on the back, decreased lumbosacral motion, tenderness to the back region, and decreased motion in both legs, and a positive straight leg raise test bilaterally. The treatment plan is functional restoration program to help him reduce narcotics, Oxycontin, Merthadone, Neurontin, Zolof and Wellbutrin. On 4/28/2015, he reported his low back pain to be 4-6/10, and having a slightly better mood. He is noted to have tenderness to the low back. The treatment plan included increasing Methadone to 3 times daily.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with chronic pain syndrome and lumbar postlaminectomy syndrome, as per progress report dated 04/28/15. The request is for METHADONE 10mg #90. The RFA for the case is dated 05/04/15, and the patient's date of injury is 07/21/03. The patient is status post lumbar fusion in 2014 and hardware removal, as per progress report dated 04/13/14. Diagnoses included lumbar radiculopathy, lumbosacral disc injury, lumbosacral sprain/strain, and chronic low back pain. Medications included Methadone, Oxycontin, Zolofit and Neurontin. The reports do not document the patient's work status. 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 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 opioids such as Methadone and Oxycontin for several months. In progress report dated 04/28/15, the treater states that the patient notes improvement with the current medication regimen with a pain score of 4-6/10. He is able to do his activities of daily living. He states that this is the best he felt in quite some time, the treater states. UDS is consistent with treatment, as per progress report dated 03/17/15, and the patient denied significant side effects, as per progress report dated 11/18/14. The treater, however, does not use a numerical scale to demonstrate a reduction in pain nor does the treater provide specific examples that reflect improvement in function. MTUS requires a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and adverse behavior. Hence, the request IS NOT medically necessary.