

<b>Case Number:</b>	CM15-0098800		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	09/08/2004
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/28/2015
<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: Texas, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 59-year-old male, who sustained an industrial injury on 09/08/2004. The injured worker is currently diagnosed as having chronic pain disorder, history of left shoulder surgery with adhesive capsulitis, right shoulder impingement, neck pain with multilevel degeneration and stenosis, multilevel lumbar degenerative disc disease and foraminal stenosis, non-industrial hypothyroidism, non-industrial hepatitis, comorbid insomnia, and possible comorbid hypogonadism. Treatment and diagnostics to date has included cervical spine MRI which showed cervical spondylosis with degenerative joint disease, degenerative disc disease, and facet arthropathy, lumbar spine MRI which showed disc bulging and stenosis, cervical medial branch block, lumbar support, physical therapy, home exercise program, and medications. In a progress note dated 04/23/2015, the injured worker presented with complaints of chronic neck, shoulders, and low back pain. Objective findings include lumbar range of motion aggravates low back pain. The treating physician reported requesting authorization for Methadone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Methadone 10mg, #180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone; Opioids, long-term assessment, Criteria for Use of Opioids, Long-term Users of Opioids (6-months or more); Opioids, dosing; Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20-9792.26 MTUS (Effective July 18, 2009) Page(s): 62-63 of 127 and Page 88 of 127.

**Decision rationale:** This claimant was injured in 2004. There was chronic pain. There is ongoing pain per the 4-23-15 note. There is no mention of the benefits of other treatments, or objective functional improvements out of opiate usage. The MTUS notes that Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half-life of the drug (8-59 hours). Pain relief on the other hand only lasts from 4-8 hours. Methadone should only be prescribed by providers experienced in using it. (Clinical Pharmacology, 2008) Multiple potential drug-drug interactions can occur with the use of Methadone. Moreover, in regards to the long term use of opiates, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. It is not clear from the records that the Methadone used in this claimant is a second line drug, and the multiple drug-drug interactions had been addressed. Further, the MTUS issues in regards to long-term opiate usage are not addressed. The request was appropriately not medically necessary.