

<b>Case Number:</b>	CM14-0152408		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	02/20/2001
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Disease and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 64-year-old female who reported an injury on 02/20/2001. The mechanism of injury was not indicated in the medical records. The injured worker had a diagnosis of chronic low back pain. Prior medical treatment included a psychiatric evaluation. Diagnostic studies included an x-ray of the lumbar spine. The injured worker underwent a lumbar spinal fusion from L4 to S1 with a prior laminectomy. The injured worker complained of constant pain in her back which was stabbing in nature to the left side of her back and radiating down her left leg. The injured worker also reported severe cramps in her back and leg at night. She rated her pain 4/10 with the medication and 10/10 without medication. The clinical note dated 08/19/2014 reported the injured worker's low back examination revealed limited range of motion with forward flexion at 30 degrees and extension to 10 degrees. Right and left straight leg raises were both 80 degrees and caused left sided back pain that radiated to her left buttock and posterior thigh. The injured worker had sensory loss in the left lateral calf and bottom of her foot. She ambulated with a limp. Medications included OxyContin, Cymbalta, methadone, and Norco. The treatment plan included a request for methadone 10 mg, quantity of 90. The physician recommended the injured worker continue her medication regimen as it helped keep the injured worker functional. The Request for Authorization dated 08/22/2014 was provided within the medical records documentation.

### 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 61-62.

**Decision rationale:** The request for Decision for Methadone 10mg #90 is not medically necessary. The injured worker complained of constant pain in her back, stabbing nature, in the left side of her back and radiated down her left leg. The California MTUS guidelines recommend Methadone as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. Methadone should only be prescribed by providers experienced in using it. The California MTUS guidelines recommend ongoing review of patient's utilizing chronic opioid medications with documentation of pain relief, functional status, appropriate medication use, and side effects. A complete pain assessment should be documented which includes current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The guidelines recommend that dosing not exceed 120 mg oral morphine equivalents per day. The injured worker is prescribed Oxycontin 40mg twice per day, Norco 10/325mg, and Methadone 10mg 3 times daily. The injured worker's daily morphine equivalent dosage exceeds the recommended 120mg. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request is not medically necessary.