

Case Number:	CM13-0017525		
Date Assigned:	10/11/2013	Date of Injury:	09/11/1992
Decision Date:	05/20/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/28/2013

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 Occupational Medicine, and is licensed to practice in Hawaii. 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 patient is a 58 year old male who sustained an injury on 09/11/92 when he jumped off a containment wall and injured his knees. The patient has chronic complaints of constant knee and low back pain radiating with numbness in the lower extremities. A clinical record dated 10/03/13 noted pain at 5-6/10 on the VAS scale. The patient was able to stand for approximately 30 minutes, sit up to one hour. walk between one half and one mile. and perform normal activities of daily living. With the use of methadone, the patient was able to reduce his overall Norco usage to 3-4 times per day. On physical examination, the patient continued to ambulate with a stiff and guarded gait. There was continued mild weakness in the left knee. The patient was recommended to continue with methadone 10mg every 12 hours for baseline pain control, and Norco 10/325mg up to every four hours as needed for breakthrough pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHADONE 10MG (#60): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: The MTUS recommends limiting use of opioids to fewer than two weeks, but it does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should take place for chronic usage. Pain assessment should include the following: 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. A satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The medical records provided for review do not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, or increased level of function. These objective indicators are key to determining the medical necessity of ongoing opioid usage. As such, the request is not medically necessary.