MAXIMUS Federal Services

Case Number:	CM14-0009380		
Date Assigned:	02/12/2014	Date of Injury:	01/15/2003
Decision Date:	06/24/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/22/2014

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 Orthopedic Surgery, 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 47-year-old male who was injured on January 15, 2003. The clinical documentation provided indicates an attempt at weaning was started in early 2013. However, on April 30, 2013, the clinician provided a prescription of Adderall 20 mg twice daily to "offset lethargy symptoms of narcotic use." The injured is documented as having previously undergone total knee arthroplasty. The injured worker was started on methadone on May 27th 2013. The clinician indicates this was performed to transfer the patient often Duragesic Patches and to allow for further weaning of narcotics. The methadone is documented as providing approximately 50% improvement in the ability to perform activities of daily living on the June 24, 2013 progress note. On November 4, 2013 the injured is documented as having undergone revision total knee arthroplasty for a loose tibial baseplate. Despite undergoing this operative intervention the claimant continued to complain of chronic knee pain and continued with methadone as well as immediate release oxycodone use. Continued pain relief and functional improvement is noted on the January 2, 2014 document. Additionally, the injured notes the "weight-bearing pressure type pain is better since he underwent revision of the total knee replacement." The clinician indicates hesitancy to wean off of narcotics at this time pending the surgeon's evaluation. The utilization review in question was rendered on January 10, 2014. The reviewer non-certified the request for methadone indicating the prescription in 2013 had no "clear documented evidence of adequate pain control our specific improvements in functional capacity. The reviewer indicates the prior review dated December 18, 2013, tapering was recommended but was not performed. For this reason, the reviewer indicates that weaning is not necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHADONE 10MG #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines METHADONE/ OPIOIDS, CRITERIA FOR USE,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines METHADONE Page(s): 61-62.

Decision rationale: The claimant has been chronically utilizing this medication since May 2013. Based on the clinical documentation provided, the clinician notes at least 50% improvement in daily function and pain control while utilizing methadone. Additionally, the claimant has recently completed revision total knee arthroplasty surgery. However, the pain is not result following operative intervention. At this point in time is medically necessary to continue with the methadone. The clinician does indicate that weaning will begin following the surgeon's recommendation. Request is medically necessary.