

Case Number:	CM14-0100691		
Date Assigned:	07/30/2014	Date of Injury:	01/15/2003
Decision Date:	09/09/2014	UR Denial Date:	06/21/2014
Priority:	Standard	Application Received:	06/30/2014

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 Occupational Medicine 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 reportedly injured on January 15, 2003. The mechanism of injury is not presented in the medical records reviewed. The last physical examination dated July 07, 2014 reveals that the left knee is very swollen. There is 1+ edema in the left lower extremity and calf area and the pretibial region. There is no erythema around the knee. The left knee is very warm to touch by comparison to the right knee. The anterior incision site is clean, dry and intact and healing nicely and the injured worker can actively flex the knee about 100 degrees, extension to about 5 degrees. Stability tests reveal some laxity in all planes, consistent with the left total knee replacement. Lethargy symptoms noted from narcotic usage stable with Adderall use. History of gastric bypass surgery with weight loss, vitamin b-12 deficiency, iron and folic acid deficiency anemia (all nonindustrial). History of right shoulder tendinopathy pending surgery, anxiety disorder, erectile dysfunction and hypogonadism (all nonindustrial). Current medications are methadone, morphine and Adderall. The qualified medical examiner recommended continuous usage of the Methadone, Morphine and Adderall with attempt to wean down on the Methadone by at least one or two 10mg tabs less in a month. Qualified medical examiner believes medication is needed to maintain level of function. The injured worker is on a narcotic contract with the office and no signs of abuse noted and urine drug screens have been appropriate. The injured worker continues self-exercise regimen and self-modifications at work.

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 Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: Methadone poses significant risks to patient compared to other opioids. Per the MTUS, methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The Food and Drug Administration (FDA) has reports of severe morbidity and mortality with use of 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) This medication is not medically necessary.

1 Prescription of Morphine 30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM Opioid Guidelines, 2014, electronic edition.

Decision rationale: The two opioids the patient is receiving exceed the 50 mg morphine equivalent dosage (MED) per day beyond which the risk and adverse effect curve rises rapidly. This medication is not medically necessary.

1 Lab Test to Include CBC, Comprehensive Metabolic Panel, Sed Rate and Thyroid Function Study: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67-73.

Decision rationale: These tests are not related to the injured's chronic pain or his medications. They are therefore not medically necessary for his pain management.