

Case Number:	CM14-0048244		
Date Assigned:	07/02/2014	Date of Injury:	01/15/2003
Decision Date:	08/29/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/16/2014

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 Physical Medicine and Rehabilitation 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 reported an injury on 01/15/2003. The mechanism of injury was not stated. The current diagnoses include history of left total knee revision, lethargy, development of lower extremity edema, and nonindustrial medical problems. The injured worker was evaluated on 07/07/2014 with complaints of 8/10 left knee pain. The injured worker also reported persistent swelling in the left knee as well as the right knee and ankle area. The current medication regimen includes methadone 20 mg, morphine 30 mg, and Adderall. Previous conservative treatment also includes physical therapy. Physical examination on that dated revealed 2+ edema in the bilateral lower extremities, mild induration in the left calf area, lower extremity warmth, and obvious swelling about the left knee in the peripatellar region. Treatment recommendations included continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MethadoneOpioidsCalifornia Chronic Pain Medical Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61, 74-82.

Decision rationale: California MTUS Guidelines recommend methadone as a second line drug for moderate to severe pain if the potential benefit outweighs the risk. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized methadone 10 mg since 08/2013 without any evidence of objective functional improvement. Despite the ongoing use of this medication, the injured worker continues to report persistent pain in the lower extremities. There is also no frequency listed in the current request. As such, the request is not medically necessary.