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| Case Number: | CM14-0063540 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 01/15/2003 |
| Decision Date: | 08/21/2014 | UR Denial Date: | 04/26/2014 |
| Priority: | Standard | Application Received: | 05/06/2014 |

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 Nevada. 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 was not listed in these records reviewed. The most recent progress note dated July 7, 2014, indicated that there were ongoing complaints of pain and swelling in the left knee with graduate increasing symptoms in the contralateral right knee. The injured employee stated that he cannot function without pain medication and noted to consistently take 20 mg of Methadone 3 times a day. The injured employee has to take the stimulant Adderall to offset the lethargy associated with the medication use. The physical examination demonstrated a normotensive individual, with 2+ edema in the bilateral lower extremities, some distal lower extremity induration on the left, swelling and edema in the left peripatellar region. A slight decrease in range of motion 110 of flexion and -5 extension was noted. Diagnostic imaging studies were not presented for review. Previous treatment included total knee arthroplasty with revision, multiple medications and a knee sleeve. A request was made for the medication Methadone and was not certified in the pre-authorization process on April 26, 2014. It was noted that a partial certification for this medication was assigned to assist in a weaning protocol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription for Methadone 10 mg #180: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, updated July 2014.

Decision rationale: When noting the date of injury, the current clinical situation, and the parameters outlined for this medication as noted in the Official Disability Guidelines (ODG) the basic rules and tenants for prescribing this medication are not noted in the progress notes presented for review. This is a potentially harmful medication, and dosing has to be carefully analyzed. Furthermore, when noting this is nonmalignant pain, the parameters for using this medication are particularly stringent. Therefore, based on the criterion outlined in the Official Disability Guidelines, taking note that the injured employee requires a stimulant (Adderall) to overcome the sequelae of the medication and with the understanding that a weaning protocol has been outlined, there is no medical necessity established for the continued use of this medication.