

Case Number:	CM14-0076758		
Date Assigned:	07/18/2014	Date of Injury:	08/07/2001
Decision Date:	09/25/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/27/2014

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 records, presented for review, indicate that this 56 year old male was reportedly injured on 8/7/2001. The mechanism of injury is undisclosed. The most recent progress note, dated 4/30 2014, indicated that there were ongoing complaints of right knee pain. The physical examination demonstrated right knee with a well healed incision, trace effusion, positive medial joint line tenderness, range of motion was 5 to 125 degrees, thirty percent laxity was noted with collateral ligament stress, and motor and sensory function intact in the bilateral lower extremity. Diagnostic imaging studies included Xrays of the right knee, which revealed components in appropriate alignment, and no acute complications of the right knee. Previous treatment included knee surgery, medications, and conservative treatment. A request was made for Methadone 10 milligrams quantity 180, Norco 10/325 milligrams quantity 180, and Trazodone 50 milligrams quantity sixty and was not certified in the preauthorization process on 5/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10 mg #180: Upheld

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

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

Decision rationale: As noted in the Medical Treatment Utilization Schedule (MTUS), this medication is recommended as a second line drug for moderate to severe pain. The utilization of medication is only if the benefit outweighs the risk. It is noted that there is a severe morbidity and mortality associated with the use of this medication. This medication is used with caution in those people with decreased respiratory reserve (asthma, chronic obstructive pulmonary disease, sleep apnea, severe obesity). Further, there are a number of basic rules that must be met when prescribing this medication, as outlined in the MTUS. After reviewing the medical documentation provided, there has been significant documentation for the justification of the continued use of this medication. Therefore, this request is deemed not medically necessary.

Norco 10/325 mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78,88,91.

Decision rationale: Norco (Hydrocodone/Acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California Medical Treatment Utilization Schedule (MTUS) guidelines support short acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco is not medically necessary.

Trazodone 50 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental illness & stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) - Chronic Pain - Clinical Measures - Medications: Antidepressants (electronically cited).

Decision rationale: Trazodone (Desyrel) is an antidepressant of the serotonin antagonists and reuptake inhibitor (SARI) with anti-anxiety and sleep inducing effects. Medical Treatment Utilization Schedule (MTUS)/ American College of Occupational and Environmental Medicine (ACOEM) practice guidelines do not support Trazodone for treatment of chronic persistent pain without depression. Review, of the available medical records, fails to document a diagnosis of depression. As such, this request is not considered medically necessary.