

Case Number:	CM14-0078280		
Date Assigned:	07/18/2014	Date of Injury:	07/20/2011
Decision Date:	08/25/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	05/28/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 28-year-old male who reported an injury on 07/20/2011 while suffering a traumatic injury of his right ankle while falling approximately 9 to 10 feet. He reported to have slipped in grease on top of a machine, causing him to lose his balance and fall. The injured worker was diagnosed with a fracture dislocation of the right ankle. The injured worker's past treatment includes physical therapy, the use of an H-Wave unit, a bone stimulator machine, ankle foot arthrosis, and medication therapy. Diagnostics include urinalysis that was collected on 06/28/2014 and 05/06/2014 that revealed that the injured worker was in compliance with the prescribed medications. The injured worker underwent open reduction and internal fixation on 07/23/2011 and then a subsequent surgery on 09/16/2011. The injured worker complained of right ankle, foot and leg pain. He stated being on it for too long increased his symptoms. The injured worker rated his pain at a 6/10. The physical examination dated 06/18/2014 revealed that the injured worker had full flexion, extension, lateral flexion and rotation of the back. There was no pain in the lumbar spine area, the ischium, sacral notches, sacroiliac joints, or the trochanters. There was no evidence of muscle spasms. Lower extremity examination revealed that the injured worker had atrophy of the extensor digitorum brevis on the right as compared to the left. There was soreness by the lateral incision site to touch and S1 numbness by the incision. He had pain at the tarsal tunnel on the right, not the left. The injured worker showed swelling along the medial joint line. He had good flexion of the toes. Right plantar flexion and -5 dorsiflexion compared to the left. There was no motor strength or quantified range of motion findings in the submitted report. Medications include Norco 10 mg and methadone 10 mg. The treatment plan was to increase function. The injured worker has a responsibility to keep moving forward. Exercise instructions are a routine part of pain management. It has been explained to the injured worker

that the primary goal of any treatment protocol is to increase function. The secondary goal of protocol is to decrease pain. The injured worker understands and agreed with this philosophy. The rationale given was that the injured worker's pain was outlasting recovery from fracture and hardware removal. The Request for Authorization form was submitted on 01/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10 mg. Tablets QTY: 360: Upheld

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

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

Decision rationale: The injured worker complained of right ankle, foot and leg pain. He stated being on it for too long increased his symptoms. The injured worker rated his pain at a 6/10. The MTUS guidelines state that Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with 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. Delayed adverse effects may occur due to methadone accumulation during chronic administration. Systemic toxicity is more likely to occur in patients previously exposed to high doses of opioids. Given the above, the request for methadone is not within the MTUS guidelines. There was no evidence submitted in the report suggesting that the injured worker had trialed and failed any first line type of therapy. Guidelines recommend methadone as second line drug. There was also a lack of evidence in the submitted report showing how the methadone helped the injured worker with pain. There were no pain levels before, after, during, with the pain medication. Furthermore, the injured worker's MED levels are exactly at a 120, potentially putting the injured worker at risk. The request as submitted failed to provide the frequency of the medication. As such, Methadone 10 mg. Tablets QTY: 360 is not medically necessary.