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| Case Number: | CM14-0081417 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 01/15/2003 |
| Decision Date: | 10/01/2014 | UR Denial Date: | 05/22/2014 |
| Priority: | Standard | Application Received: | 06/02/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 had a work related injury on 01/15/03, the mechanism of injury has not been described. Per the 04/15/14 examination, the injured worker was being treated for chronic knee pain. He had subjective complaints of constant throbbing left knee pain and ongoing swelling. Pain was rated 8/10, 7/10 at best and 10/10 at worst. The injured worker reported difficulty with standing and weight bearing and insisted that he cannot function without chronic pain medication. There was a 50% functional improvement with activities of daily living and a 50% pain reduction reported with medication use. A physical examination revealed a very swollen left knee, with 2+ edema in the lower extremity, calf area, and pretibial region. Mild erythema was observed around the left knee. Active flexion was measured at 90 degrees and extension at 5 degrees. Some laxity was noted in all planes consistent with the injured worker's knee replacement. Prior utilization review on 05/22/14 Fentanyl was modified to initiate weaning. Prior utilization review on 04/26/14 was modified to initiate weaning. Current request is for Methadone 10mg, quantity 180.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Methadone 10 mg QTY 180: 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: Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Prior utilization review on 04/26/14 was modified to initiate weaning. As such, this request is not medically necessary.