

Case Number:	CM14-0201206		
Date Assigned:	12/11/2014	Date of Injury:	04/14/2011
Decision Date:	01/31/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/02/2014

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 Internal Medicine, has a subspecialty in HPM and is licensed to practice in Pennsylvania. 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 54-year-old gentleman with a date of injury of 04/14. A treating physician note dated 11/03/2014 identified the mechanism of injury as a 7ft fall, resulting in injuries to the left ribs, lower back, head, and right wrist and knee. This not and a treating physician note dated 10/22/2014 indicated the worker was experiencing right knee pain. Documented examinations consistently described a positive right McMurray's sign with clicking, swelling in the back of the right knee, decreased sensation in the right thigh, knee locking, and a limping walking pattern with a cane. The submitted and reviewed documentation concluded the worker was suffering from a right knee meniscal tear and osteoarthritis, lumbar degenerative disk disease, and a cervical disk disorder. Treatment recommendations included oral pain medicine, x-rays, and a right knee arthroscopy. A Utilization Review decision was rendered on 11/20/2014 recommending non-certification for 120 tablets of methadone 5mg taken as two tablets twice daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 5mg 2 tabs BID #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Weaning of Medications Page(s): 74-95; 124.

Decision rationale: Methadone is a medication in the opioid reliever class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted and reviewed records indicated the worker was experiencing right knee pain. The documented pain assessments included few of the elements recommended by the Guidelines. There was no discussion suggesting benefit from methadone, the presence of negative side effects, or an individualized risk assessment. In the absence of such evidence, the current request for 120 tablets of methadone 5mg taken as two tablets twice daily is not medically necessary. While the Guidelines recommend an individualized taper of medication to avoid withdrawal symptoms, this should be able to be accomplished with the medication the worker has available.