MAXIMUS Federal Services

Case Number:	CM15-0182347		
Date Assigned:	09/23/2015	Date of Injury:	06/10/2003
Decision Date:	10/29/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/16/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Arizona, California
Certification(s)/Specialty: Family Practice

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 male, who sustained an industrial injury on June 10, 2003. He reported right knee pain. The injured worker was diagnosed as having pain in the lower right leg joint, osteoarthrosis localized in the right lower leg, chondromalacia of the right patella and Pellegrini-Steida syndrome. Treatment to date has included diagnostic studies, surgical intervention of the bilateral knees, right knee brace, TENS unit, medications and work restrictions. Currently, the injured worker continues to report left fourth trigger finger pain (surgical intervention scheduled for 5-22-2015, right and left knee pain, stiffness, weakness and popping sensation, neck pain, back pain and sleep disruptions. The injured worker reported an industrial injury in 2003, resulting in the above noted pain. He was without complete resolution of the pain. Evaluation on April 24, 2015, revealed continued pain as noted. He rated his pain at 8 on a 1-10 scale with 10 being the worst. Medications including Methadone, Oxycodone and Valium were continued and physical therapy was ordered. Evaluation on May 20, 2015, revealed continued pain as noted. He rated his pain at 6 and noted the pain decreased to 5 on a 1-10 scale with 10 being the worst with the use of medications. He noted a recent increase in pain secondary to recently decreased Methadone, Valium and Oxy IR. Evaluation on July 15, 2015, revealed continued pain as noted. He reported the pain was tolerable with medications and he was overall doing well. He rated his pain at 6-7 on a 1-10 scale with 10 being the worst without medications and at 5 with medications. The RFA included requests for Methadone 10mg (50,40,40,50) Rx: 8/26/15 #540, Oxy IR 30mg 5 times per day as needed for breakthrough pain

(Rx 8/26/15) #150 and Valium 10mg 3 times daily as needed (Rx 8/26/15) #90 that were modified for weaning on the utilization review (UR) on September 2, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg (50, 40, 40, and 50) Rx: 8/26/15 #540: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Methadone.

Decision rationale: According to the guidelines, Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. It is only FDA-approved for detoxification and maintenance of narcotic addiction. In this case, there is no indication of need for detoxification or narcotic addiction. The claimant was also on Oxy IR. The combined dose of opioids exceeded the 120 mg of Morphine equivalent recommended daily. As a result, continued and long-term use of Methadone on 8/26/15 was not medically necessary.

Oxy IR 30mg 5 times per day as needed for breakthrough pain (Rx 8/26/15) #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for neuropathic pain, Opioids for chronic pain, Opioids, dosing, Opioids, specific drug list.

Decision rationale: Oxy IR is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been Oxy IR for several months in combination with Methadone. The combined dose of opioids exceeded the 120 mg of Morphine equivalent recommended daily. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Oxy IR on 8/26/15 was not medically necessary.

Valium 10mg 3 times daily as needed (Rx 8/26/15) #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because it efficacy is unproven and there is a risk of addiction. Most guidelines limits its use of 4 weeks and its range of action include: sedation, anxiolytic, and anticonvulsant and muscle relaxant. The claimant was on Valium for several months. Long-term use in combination with high dose opioids is not recommended. Continued use of Valium on 8/26/15 was not medically necessary.