

<b>Case Number:</b>	CM15-0182418		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	08/28/2014
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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 38 year old male who sustained an industrial injury on 08/28/2014. Medical records indicate injury to the left elbow, left shoulder, right knee, and left upper arm. Treatment to date has included left shoulder arthroscopic decompression 12-14-2014, and right knee arthroscopy 06-10-2015, and physical therapy. The injured worker was diagnosed as having knee arthropathy, right knee pain. In the provider notes of 08-13-2015 the injured worker complains of right knee pain rated as an average 9 on the scale of 0-10. The pain is described as sharp, aching, and stabbing and radiates into the patellar region. Pain is improved by ice and rest, and is aggravated by movement. Medications that have been utilized include narcotics, nonsteroidal anti-inflammatories. Medications provide 70-80% pain relief for 4-5 hours with onset of relief in 1-2 hours. On exam, the worker has positive apprehension sign for the patellofemoral joint. There is mild crepitis and range of motion is limited secondary to pain. The treatment plan includes medication for pain. According to provider noted (08-13-2015), "compliance with the medication regimen has been as prescribed." A request for authorization was submitted for Methadone HCL (hydrochloride) 10 mg Qty 60. A utilization review decision 08-20-2015 denied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone HCL (hydrochloride) 10 mg Qty 60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Methadone, Opioids, dosing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Opioid dosing.

**Decision rationale:** Per the MTUS guidelines, 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. In this case, the medical records do not establish failure of first line analgesics or optimization of analgesic adjuvants. Furthermore, the addition of Methadone brings the cumulative morphine equivalent dosage to above the recommended ceiling of 120 MED per the MTUS guidelines. The request for Methadone HCL (hydrochloride) 10 mg Qty 60 is not medically necessary and appropriate.