

Case Number:	CM15-0209680		
Date Assigned:	10/28/2015	Date of Injury:	05/08/2004
Decision Date:	12/17/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/26/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of August 12, 2004. In a Utilization Review report dated September 13, 2015, the claims administrator failed to approve a request for methadone. A July 15, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On September 16, 2015, the applicant reported ongoing complaints of knee and leg pain reportedly attributed to reflex sympathetic dystrophy (RSD). Methadone and Klonopin were endorsed. The applicant's work status was not detailed. No seeming discussion of medication efficacy transpired. Previously imposed permanent limitations were renewed. It was not clearly stated whether the applicant was or was not working, though this did not appear to be the case. The applicant exhibited an antalgic gait apparently requiring usage of a cane. On August 19, 2015, methadone, Klonopin, and Flexeril were again endorsed. A ganglion block was sought. Permanent work restrictions were renewed. It was, once again, not clearly stated whether the applicant was or was not working with said permanent limitations in place, although this did not appear to be the case. The applicant exhibited an antalgic gait on this occasion. In one section of the note, it was stated that the applicant was, in fact, using a cane. On July 15, 2015, Klonopin, methadone, and permanent work restrictions were, once again, renewed. 9- 10/10 pain complaints were reported diminished to 7-8/10 with medications. Doing housework and grocery shopping aggravated the applicant's pain complaints, the treating provider noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Methadone, Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Methadone.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: No, the request for methadone, an opioid agent, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, it was not clearly stated whether the applicant was or was not working on multiple office visits, referenced above, including those dated July 15, 2015, August 19, 2015, and September 16, 2015, suggesting that the applicant was not, in fact, working with permanent limitations in place. While the treating provider did recount a low-grade reduction in pain scores from 9-10/10 without medications to 7-8/10 with medications on July 15, 2015, these reports were, however, outweighed by the attending provider's failure to clearly report the applicant's work status, the applicant's seeming failure to return to work, the attending provider's commentary to the effect that activities of daily living as basic as household chores and doing grocery shopping aggravated the applicant's pain complaints, and the attending provider's failure to identify, meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing methadone usage. Therefore, the request is not medically necessary.