

Case Number:	CM15-0042685		
Date Assigned:	03/12/2015	Date of Injury:	11/08/1997
Decision Date:	04/17/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/05/2015

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: Utah, Arkansas
 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 (IW) is a 63-year-old female who sustained an industrial injury on 11/08/1997. She reported pain in the right knee. The injured worker was diagnosed as having Complex Regional Pain Syndrome following a right knee surgery for her injury. Treatment for the Complex Regional Pain Syndrome to date has included the medications methadone and oxycodone. She also uses Risperidone, trazodone, and topical Lidoderm patches. Currently, the injured worker complains of pain rated as 4-5/10 described as aching and burning pain in the knee. The worker reported that pain increased with touch, movement and weather changes, and was improved with medications, spinal cord stimulation and Lidoderm patches. As of 02/09/2015, her medications include Doxepin HCL, Risperidone, methadone, and oxycodone plus the Lidoderm patches. The treatment plan is for refills of her current medications. In dispute are Methadone 10 mg #180, Oxycodone 10 mg #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10 mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. There is clear functional gain with pain control that has been documented with this medication. According to the clinical documentation provided and current MTUS guidelines; Methadone is indicated a medical necessity to the patient at this time.

Oxycodone 10 mg #150: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. There is clear functional gain with pain control that has been documented with this medication. According to the clinical documentation provided and current MTUS guidelines; Oxycodone is indicated a medical necessity to the patient at this time.