

Case Number:	CM15-0046768		
Date Assigned:	03/19/2015	Date of Injury:	10/03/2003
Decision Date:	05/01/2015	UR Denial Date:	02/21/2015
Priority:	Standard	Application Received:	03/11/2015

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: Physical Medicine & Rehabilitation

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 68-year-old male, with a reported date of injury of 10/03/2003. The diagnoses include chronic pain syndrome, kyphoscoliosis and scoliosis, low back pain, lumbar post-laminectomy syndrome, knee pain, osteoarthritis of the left knee, and opioid dependence. Treatments to date have included physical therapy, oral medications, a cane, ice, closed manipulation of the left knee under general anesthesia, and a left knee replacement. The medical report dated 02/04/2015 indicates that the injured worker complained of low back pain and left knee pain and stiffness. The physical examination showed an antalgic gait, forward flexed body posture, joint swelling noted over the left knee, and limited flexion of the left knee. The treating physician requested Methadone 5mg #150 and Methadone 5mg #150 for the back pain. It was noted that the low back pain was well controlled with Methadone. No adverse side effects were reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 5mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents on 02/04/15 with lower back pain rated 3/10, and unrated left knee pain with associated stiffness of the joint. The patient's date of injury is 10/03/03. Patient is status post left total knee replacement with synovectomy and lateral retinacular release on 10/20/14, and closed manipulation of the left knee with Depo-Medrol injection under general anesthesia on 01/27/15. Patient is also status post lumbar laminectomy at unspecified levels and date. The request is for Methadone 5MG #150. The RFA for the request is not dated. Physical examination dated 02/04/15 reveals a healing but still somewhat open surgical scar on the left knee, antalgic gait, swelling to the left knee joint with range of motion loss; especially on flexion. The patient is currently prescribed Omeprazole, Methadone, and Percocet. Diagnostic imaging included X-ray of the left knee, with findings consistent with knee prosthesis placement. Patient is currently classified as temporarily totally disabled. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regard to the request of Methadone for the management of this patient's intractable lumbar and knee pain, treater has not provided adequate documentation to continue use. Documentation of pain relief is vague, progress note dated 02/04/15 states: "he takes 3 tabs in the AM and 2 at night for steady pain relief.", though it does not provide specific functional improvements attributed to this medication. Treater does note a lack of aberrant behavior or side effects, though there is no discussion of consistent urine drug screens or toxicology reports provided. Owing to a lack of 4A's documentation as required by MTUS, the request IS NOT medically necessary.

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