

Case Number:	CM15-0085679		
Date Assigned:	05/07/2015	Date of Injury:	07/22/1996
Decision Date:	06/09/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/04/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 64 year old male sustained an industrial injury on July 22, 1996. Previous treatment includes bilateral knee arthroscopy and medications. Currently the injured worker complains of low back pain which has been slightly increased due to an increase in physical activity. He reports that his right knee is steadily worsening and use of his medications gives him enough pain control to allow for limited activities of daily living and walking tolerance. On physical examination, the injured worker has moderate swelling of the right knee and moderate paralumbar myospasm. Diagnoses associated with the request include primary localized osteoarthritis, sprain/strain of the cruciate ligament of the knee and degeneration of the lumbar intervertebral disc, anxiety and depression. The treatment plan includes Mobic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant is nearly 20 years status post work-related injury and continues to be treated for chronic low back and right knee pain. When seen, his right knee pain was progressively worsening. Medications are referenced as providing pain relief and allowing for most activities of daily living and some walking. Methadone was being prescribed at a total MED (morphine equivalent dose) of 320 mg per day. There were paraspinal muscle spasms on physical examination. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 2 times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Therefore, ongoing prescribing at this dose was not medically necessary.