

Case Number:	CM15-0089306		
Date Assigned:	05/13/2015	Date of Injury:	05/08/2004
Decision Date:	06/22/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/08/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 injured worker is a 49 year old female, who sustained an industrial injury on 08/05/2014. She has reported subsequent right knee pain and was diagnosed with status post right knee arthroscopic surgery and reflex sympathetic dystrophy. Treatment to date has included oral pain medication. In a progress note dated 03/25/2015, the injured worker complained of right knee pain. Objective findings were notable for an antalgic gait, severe tenderness at L4-L5, slight swelling of the right knee, difference of temperature on the right as compared to the left and severe tenderness through the knee anteriorly, posteriorly in popliteal fossa as well as medial and lateral joint line. A request for authorization of Methadone was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10 mg (1 by mouth every 8 hr) Qty 90 (30 day supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61-62.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone; 9792.20 - 9792.26 Page(s): 44, 47, 61-62, 75-79, 120 of 127.

Decision rationale: Regarding the request for methadone, Chronic Pain Medical Treatment Guidelines state methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. California Pain Medical Treatment Guidelines state that Methadone is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Also, there is no documentation identifying that methadone is being prescribed as a second-line drug and the potential benefit outweighs the risk. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but fortunately, the last reviewer modified the current request to allow tapering. In the absence of such documentation, the currently requested methadone is not medically necessary.