

Case Number:	CM14-0118965		
Date Assigned:	09/16/2014	Date of Injury:	01/15/2003
Decision Date:	10/21/2014	UR Denial Date:	07/19/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

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 47-year-old male who reported an injury on 01/15/2003. The mechanism of injury was not provided. On 09/22/2014, the injured worker presented with pain persisting in the left knee with swelling in the leg. Upon examination of the left knee, there was swelling present and laxity in all planes consistent with knee replacement and revision. Range of motion for the left knee was 110 degrees of flexion and 5 degrees of extension. Current medications included methadone, Adderall, and morphine. Diagnoses were status post left total knee replacement with recent revision, lethargy symptoms from narcotic use, lower extremity edema, venous stasis, and possible disruption of the saphenous vein following the surgery of the left lower extremity. The provider recommended methadone 10 mg; the provider's rationale was numbness and tingling. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61.

Decision rationale: The request for methadone 10 mg with a quantity of 180 is not medically necessary. The California MTUS Guidelines recommend methadone as a second line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDS received reports of severe morbidity and mortality with the use of this medication. There was a lack of documentation of a complete and adequate pain assessment of the injured worker. Additionally, the efficacy of the prior use of the medication was not provided. The provider's request did not indicate the frequency of the medication in the request as submitted. As such, the medical necessity has not been established.