

Case Number:	CM14-0218878		
Date Assigned:	01/08/2015	Date of Injury:	09/15/2010
Decision Date:	03/06/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 51 year old female who sustained an industrial injury on 9/15/2010. She has reported pain in the back and lower extremities, inability to wear footwear, and new right foot lower extremity pain. The diagnoses have included complex regional pain syndrome bilateral lower extremities secondary to motor vehicle accident with left knee injury, knee arthroscopy, positive Methicillin-Resistant Staphylococcus Aureus (MRSA) left foot osteomyelitis, venous ulcer, and chronic intractable pain. Treatment to date has included 60 Hyperbaric Oxygen Therapy (HBOT) treatments, physical therapy, spinal cord stimulation, and multiple oral medications. It was documented that the physical therapy was on hold due to the open wound. Currently, the IW complains of back and lower extremity pain rated 7/10 VAS. Physical examination documented the lower extremities were cold and cyanotic with trophic changes below the knee, muscle wasting in left lower extremity, reduced range of motion at the left knee and both ankles and forefoot. There was skin breakdown documented and a 14 mm circular pattern with loss of epithelization and transudative fluid. No blood and no scabbing. On 12/15/14 Utilization Review modified a request for methadone two (2) tabs three times a day #180, noting the current daily dose exceeded the 120 mg recommendation. The MTUS guidelines were cited. On 12/30/2014, the injured worker submitted an application for IMR for review of methadone two (2) tablets 10 mg three times daily, QTY #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone tab 10 mg # 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 74-96.

Decision rationale: MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, or increased level of function. MTUS further recommends opioid dosing not to exceed 120mg oral morphine equivalent per day cumulatively for all different opioids used. The morphine equivalent per day based on the progress notes appears to exceed MTUS recommendations. As such, the request for methadone 10 mg, #180 is not medically necessary.