

<b>Case Number:</b>	CM15-0016703		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	10/11/2012
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: Family Practice

### 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 41 year old male, who sustained an industrial injury on 10/11/2012. He has reported subsequent neck, back, knee and hip pain and was diagnosed with right knee medial compartment osteoarthritis, postoperative bilateral trochanteric bursitis and multiple prior left knee surgeries with total knee arthroplasty. Treatment to date has included oral pain medication and surgery. The utilization review physician references a treating physician's note and request for authorization dated 01/13/2015, however this information was not submitted for review. In the most recent treating physician's progress note dated 10/20/2014, the injured worker complained of frequent slight right hip and knee pain which increased with activities of daily living. Objective findings were notable for modest swelling of the right knee, an antalgic gait, modest focal tenderness and swelling over the right greater trochanter and modest tenderness with palpation above the lateral margin of the right knee. An 10/20/14 report notes that the patient drinks alcohol socially. On 01/27/2015, Utilization Review non-certified requests for Methadone, noting that there was no documentation of a risk assessment profile, attempt at weaning/tapering, an updated urine drug screen or ongoing efficacy of the medication and Disulfiram, noting that there was no documentation that the injured worker had alcohol dependence. MTUS guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone, Opioids Page(s): 61-62, 74-96.

**Decision rationale:** According to the MTUS guidelines, methadone is not recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. In this case, the patient is followed for chronic pain. However, the medical records do not establish that the injured worker has trialed and failed first line treatment for his chronic pain syndrome. In the absence of documented attempts at first line agents for chronic pain, the request for Methadone is not supported. The request for Methadone 10 mg #60 is not medically necessary.

**Disulfiram 250mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MDCConsult.com

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682602.html>

**Decision rationale:** According to Medline Plus, Disulfiram is used to treat chronic alcoholism. The medical records indicate that the injured worker drinks alcohol socially. The medical records do not establish that the injured worker is being treated for chronic alcoholism. The request for Disulfiram 250mg #30 is not medically necessary.