

Case Number:	CM15-0116005		
Date Assigned:	06/24/2015	Date of Injury:	04/30/2008
Decision Date:	07/29/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/16/2015

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: Physical Medicine & Rehabilitation

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 (IW) is a 53-year-old female who sustained an industrial injury on 04/30/2008. Diagnoses include depressive disorder, osteoarthritis of the knee and displacement of cervical and lumbar intervertebral disc without myelopathy. Treatment to date has included medications, psychiatry and physical therapy. According to the progress notes dated 5/26/15, the IW reported to her knee surgeon that she was experiencing pain flares in the right knee, especially at night when she was not taking Norco. The provider indicated he would reduce her Norco from six per day to three per day and add Methadone 5mg twice daily to attempt longer pain coverage. The IW complained she was not sleeping as well as she did previously. The provider decided to increase her Seroquel from 200mg at night to 400mg at night for mood instability and insomnia. On examination, she was somewhat depressed, but otherwise appropriate and stable. A request was made for Methadone HCl 5mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HC1 5mg #60 per 05/28/15 order: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 93, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Medications for chronic pain Page(s): 76-78, 88-89, 60-61.

Decision rationale: Based on the 03/31/15 progress report provided by treating physician, the patient presents with right knee pain. The patient is status post right total knee revision 01/25/13. The request is for Methadone HC1 5MG #60 PER 05/28/15 order. RFA with the request not provided. Patient's diagnosis on 03/31/15 included closed fracture of patella, implant and/or graft mechanical complication of internal orthopedic device, wear of articular bearing surface of prosthetic joint, primary lower leg osteoarthritis, enthesopathy of hip region, glenoid labrum detachment, lumbar and cervical intervertebral disc displacement without myelopathy. Physical examination to the right knee on 03/31/15 revealed no effusion and 20-90 range of motion, pain medially and 20 degree flexion contracture. Treatment to date has included surgeries, imaging studies, psychiatry, physical therapy, bracing and medications. Patient's medications include Methadone, Norco, Cymbalta, Brintellix, Lamotrigine, Fentanyl patch and Seroquel. The patient is chronically disabled and retired, per 03/31/15 report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p 77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference". UR letter dated 06/05/15 states "...no description of pain relief provided...no indication of significant functional benefit or return to work. UDS date and results are not reported..." In this case, treater is initiating Methadone for patient's continued chronic pain. UDS's dated 01/24/15 and 03/06/15 showed results consistent with prescriptions, which included Norco. Per 05/26/15 report, treater states "I am going to reduce [the patient's] Norco from six pills a day to three pills a day and add Methadone 5mg twice a day and see how she does." Given this patient's diagnosis and pain symptoms unresolved by Norco, a trial of Methadone appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.