

<b>Case Number:</b>	CM15-0119292		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	05/08/2004
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 05/08/2004. The injured worker was reported to injury his right knee when pulling a pallet of food with a jack. On provider visit dated 05/20/2015 the injured worker has reported right leg spasm and numbness. On examination of the injured workers gait was noted as antalgic. And used a single point cane to assist with ambulation tenderness to palpation was noted at L4-L5 and range of motion was noted to be restricted as well. Right knee was noted to slight welling and different temperature on the right than left knee. Range of motion was unrestricted and tenderness was noted throughout the knee anteriorly, posteriorly in popliteal fossa as well as medial and lateral joint line and slight swelling was positive. The diagnoses have included status a post right knee arthroscopic surgery and reflex sympathetic dystrophy right side. Treatment to date has included injections, home exercise and medication. The provider requested Methadone tablets 10mg quantity 90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone tablets 10mg quantity 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Methadone.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

**Decision rationale:** The claimant has a remote history of a work injury occurring in May 2004 and continues to be treated for right knee pain. When seen, there was an antalgic gait with use of a cane. There was severe lumbar and knee tenderness. Knee range of motion was full without crepitus. There was slight swelling. Medications included methadone being prescribed at a total MED (morphine equivalent dose) of 240 mg per day. Methadone is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. There is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life despite the total MED being prescribed which is twice that recommended. Continued prescribing was not medically necessary.