

<b>Case Number:</b>	CM15-0128901		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	09/11/1992
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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: Emergency 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 60-year-old male who sustained an industrial injury on 09/11/92. Initial complaints and diagnoses are not available. Diagnosis 2007 was post-traumatic osteoarthritis of the left knee, status post surgeries x2. Current diagnoses include pain in joint, lower leg, osteoarthritis of lower leg, disorder of muscle ligament, and fasciitis; he is status post right total knee replacement 05/2015. Additional treatment to date has included pain medication management. In reference to progress note 03/05/15, and physician's note 04/27/15 the injured worker complains of constant, waxing, and waning low back and knee pain; the pain is achy and occasionally sharp. The pain is worse with prolonged walking and certain movements and he rates his pain as a 7-8 on a 10-point pain scale without medications, and 5-6/10 with medications. He tried to decrease the methadone but it did not help. Physical examination is significant for decreased range of motion to the left knee, with tenderness and moderate crepitations. The injured worker has been using Flexeril for spasms and pain. He is to use Norco for breakthrough pain; he is trying to exercise more, and is able to complete some activities of daily living. He has no new side effects of medication, and no abusive behaviors are present. There are no further progress notes available. Requested treatments include methadone 10mg #90, Norco 10/325mg #60, baclofen 10mg #90. Physician's report 2007 showed the injured worker was permanently totally disabled since 2002; there is no current status available. Date of Utilization Review: 06/23/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10mg #90:** Upheld

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

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

**Decision rationale:** The requested Methadone 10mg #90 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Methadone, Pages 61-62, note that Methadone is "Recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk." The injured worker has constant, waxing, and waning low back and knee pain; the pain is achy and occasionally sharp. The pain is worse with prolonged walking and certain movements and he rates his pain as a 7-8 on a 10-point pain scale without medications, and 5-6/10 with medications. He tried to decrease the methadone but it did not help. Physical examination is significant for decreased range of motion to the left knee, with tenderness and moderate crepitations. The treating physician has not documented failed trials of first-line opiates, nor objective evidence of functional improvement from previous use nor measures of opiate surveillance. The criteria noted above not having been met, Methadone 10mg #90 is not medically necessary.

**Norco 10/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

**Decision rationale:** The requested Norco 10/325mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has constant, waxing, and waning low back and knee pain; the pain is achy and occasionally sharp. The pain is worse with prolonged walking and certain movements and he rates his pain as a 7-8 on a 10-point pain scale without medications, and 5-6/10 with medications. He tried to decrease the methadone but it did not help. Physical examination is significant for decreased range of motion to the left knee, with tenderness and moderate crepitations. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg #60 is not medically necessary.

**Baclofen 10mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The requested Baclofen 10mg #90 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment measures. The injured worker has constant, waxing, and waning low back and knee pain; the pain is aching and occasionally sharp. The pain is worse with prolonged walking and certain movements and he rates his pain as a 7-8 on a 10-point pain scale without medications, and 5-6/10 with medications. He tried to decrease the methadone but it did not help. Physical examination is significant for decreased range of motion to the left knee, with tenderness and moderate crepitations. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Baclofen 10mg #90 is not medically necessary.