

<b>Case Number:</b>	CM15-0174514		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	09/15/2010
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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, Hawaii  
 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 is a 52 year old female who sustained an industrial injury on 9-15-10. She had complaints of left knee and right hand pain at base of thumb. She was diagnosed with acute wrist sprain with possible occult navicular fracture. X-ray done showed no fracture and MRI of left knee revealed microtrabecular fracture of the medial tibial plateau. Treatments include: medication, physical therapy, hyperbaric oxygen therapy, injections and surgery. Progress report dated 6-1-15 reports follow up evaluation of left knee, bilateral lower extremities, left foot, MRSA sepsis, renal and adrenal insufficiency, depression and anxiety. The injured worker reports worsening pain with weight bearing activities. The pain is relieved by elevation and the addition of methadone along with Lyrica. Diagnoses include: chronic bilateral lower extremity pain on an industrial basis attributed to complex regional pain syndrome type 2. Plan of care includes: refill schedule II methadone and continue Lyrica, recommend aquatic based therapeutic exercise. Follow up on 7-30-15. Note that methadone is prescribed for analgesia not addiction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone tab 10mg 2 po q 8 hrs # 180:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** The patient presents with pain affecting the left knee and bilateral lower extremities. The current request is for Methadone tab 10mg 2 po q hrs # 180. The treating physician report dated 6/1/15 (38B) states, "Due to the patient's elevated level of function with her current medication use, the complex decision today was for refilling Schedule II Methadone". The 4A's reviewed with the patient, low-to-moderate risk for opioid abuse. She will be monitored with unannounced UDTs periodically through the course of the year in compliance with the clinic opioid policy and ACOM [sic] guidelines. The report goes on to state: with her current medication, she remains capable performing basic chores throughout the home in addition to self hygiene which would not be possible in their absence. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided show the patient has been taking Methadone since at least 2/3/15 (7B). The report dated 4/2/15 (23B) notes that the patient's pain decreases by 50% while on current medication. No adverse effects or adverse behavior were noted by patient. The patient's ADL's have improved such as the ability to take care of her house and her personal hygiene. The physician has a signed pain agreement on file as well. The continued use of Methadone has improved the patient's symptoms and has allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patient's pain level has been monitored upon each visit and functional improvement has been documented. The current request is medically necessary.