

Case Number:	CM15-0175219		
Date Assigned:	09/16/2015	Date of Injury:	01/06/2001
Decision Date:	10/16/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 40 year old male with a date of injury on 1-6-2001. A review of the medical records indicates that the injured worker is undergoing treatment for knee pain. Medical records (6-4-2015 to 8-3-2015) indicate ongoing bilateral knee pain. He rated his pain with medications as five to six out of ten and without medications as nine out of ten. The physical exam (6-4-2015 to 8-3-2015) revealed a global antalgic gait. Exam of the knees revealed tenderness to palpation over the lateral joint line, medial joint line and positive allodynia on the right side medially. There was mild effusion in both knee joints. Treatment has included surgery, home exercise program and medications. Current medications (8-3-2015) included Prilosec, Soma, Methadone, MSIR, Ultram, Dilaudid, Nucynta and Oxycodone. The injured worker has been prescribed Methadone since at least 11-18-2013. The request for authorization dated 8-12-2015 was for Soma, Nucynta, Oxycodone and Methadone. The original Utilization Review (UR) (8-19-2015) non-certified a request for Methadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #135: Upheld

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: This 40 year old male has complained of knee pain since date of injury 1/6/2001. He has been treated with surgery, physical therapy and medications to include Methadone since at least 11/2013. The current request is for Methadone. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Methadone is not indicated as medically necessary.