

Case Number:	CM15-0093738		
Date Assigned:	05/20/2015	Date of Injury:	09/25/2004
Decision Date:	06/24/2015	UR Denial Date:	05/02/2015
Priority:	Standard	Application Received:	05/15/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 36-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of September 25, 2004. In a utilization review report dated May 2, 2015, the claims administrator failed to approve a request for methadone. A RFA form dated April 22, 2015 was referenced in the determination, as was a progress note dated April 20, 2015. The applicant's attorney subsequently appealed. On March 31, 2015, the applicant reported ongoing complaints of knee pain with attendant complaints of instability. The applicant was status post earlier knee surgery in January 2015, it was acknowledged. The applicant exhibited a guarded gait. The applicant was placed off of work, on total temporary disability. The applicant had not worked since the date of injury, the treating provider acknowledged. The applicant was described as quite frustrated. An ACL reconstruction procedure was sought. Medication selection and medication efficacy were not discussed. In an RFA form dated March 27, 2015, methadone, Norco, Abilify, Prozac, and Prilosec were endorsed. In an associated progress note dated March 23, 2015, the applicant reported ongoing complaints of knee pain. The applicant was not working and was receiving Social Security Disability Insurance (SSDI), in addition to Workers' Compensation Indemnity benefits. The applicant had superimposed issues of asthma. Current complaints of 8/10 knee pain were reported. The applicant's pain complaints were, at best, 4/10 with medications versus 10/10 without medications, it was acknowledged. Multiple medications were renewed while the applicant seemingly kept off of work. The attending provider stated that the applicant could not function without his medications but did not elaborate further.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for methadone, an opioid agent, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, as suggested above. The applicant was receiving both Workers' Compensation Indemnity benefits and Social Security Disability Insurance (SSDI) benefits, as stated above. The applicant reported difficulty performing activities of daily living as basic as standing, walking, and moving about on a day-to-day basis, as suggested above. The applicant's failure to return to work, coupled with the attending provider's failure to outline any meaningful or material improvements in function (if any) as a result of ongoing methadone usage, outweighed any self-reports of the applicant's deriving appropriate analgesia with ongoing medication consumption. Therefore, the request is not medically necessary.