

Case Number:	CM13-0033306		
Date Assigned:	12/06/2013	Date of Injury:	09/09/2005
Decision Date:	03/04/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management has a subspecialty in Disability Evaluation and is licensed to practice in California, Maryland, Florida and Washington DC. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 60 years old male with history of an industrial injury on 9/9/2005. The patient is not working and has been assessed as permanent and stationary. At a visit on 8/9/12, the patient complained of bilateral knee pain. He said the medications were working. Patient is on 26 separate medications including opioids exceeding the recommended dose of 120 morphine equivalents per day. He gets his opioids prescriptions from 2 different physicians. The MRI of the left knee dated 8/10/2012 documented evidence of "prior knee surgery, component of arthrofibrosis in Hoffa's fat pad adjacent to the anterior horn of the medial meniscus; possible for millimeter osseous fragment within the area of the arthrofibrosis; thickening of the medial patella retinaculum and abnormal signal of the medial aspect of the adjacent patella tendon which are changes presumed to be secondary to the previous surgery; cannot exclude the presence of a partial tear of the patellar tendon at this level; abnormal signal noted within the very lateral aspect of the anterior horn of the medial meniscus; transverse signal within the body/anterior junction region of the medial meniscus; a tibial cyst which may have resulted from surgery or prior trauma measurements are 0.7x0.9x1.6 cm located adjacent to the anterior horn of the medial meniscus; areas of mucoid degeneration of the midportion of the anterior cruciate ligament; degenerative changes of patellofemoral joint; micro to regular injury is present the anterior lateral tibial plateau articular margins of the for moral tibial joints". The clinical narrative dated 8/9/2012 by [REDACTED] reported that the patient was evaluated in follow-up for [REDACTED]. The patient complained of bilateral knee pain. The patient reported that the medications were working well with no side effects. The patient was documented be prescribed Lunesta; Lyrica; Cymbalta; Miralax; Colace; Lidoderm patches; Lexapro; Terazosin; Prevacid; Methadone; Dilaudid; DSS capsules; Senna; [REDACTED]; Lexapro; aero chamber the Z-ST

AT; albuterol; azithromycin; Bupropion; Chatussin; Ipratralbuterol; Nicotine patch; Prednisone; and Hydromorphone. The objective findings on examination included "mild distress in moderate pain; awkward gait; assisted by cane; shoulder range of motion is limited by pain; tenderness to palpation to the anterior aspect the shoulder; range of motion of the knees was restricted; tenderness to palpation noted over the lateral joint line, medial joint line and patella to both knees right knee brace noted; left knee with mild effusion without ligamentous laxity; sensory examination was intact; motor was limited by pain. The diagnoses included shoulder pain; knee pain; and RSD to the right lower extremity. The treatment plan included ::1 continued podiatry evaluation; and EKG; continued use of the tens unit; new visual tour 50 mg; methadone 10 mg #360; Dilaudid 8 mg #180; Prevacid 30 mg #30. The clinical narrative dated 9/6/2012 by [REDACTED] reported that the patient was evaluated in follow-up for mid-back pain and continued need pain. The patient reported no new problems or side effects and level of sleep was the same. Activity level remains the same. The patient was documented be prescribed Lunesta; Lyrica; Cymbalta; Miralax; Colace; Lidoderm patches; Lexapro; Terazosin; Prevacid; Methadone; Dilaudid; DSS capsules; Senna; [REDACTED]; Lexapro; aero chamber the Z-STAT; albuterol; azithromycin; Bupropion; Chatussin; Ipratralbuterol; Nicotine patch; Prednisone; and Hydromorphone. There was no documented physical examination and no documented objective findings other than vital signs. The diagnoses included shoulder pain RSD lower limb right and knee pain right. The treatment plan included methadone 10 mg tablets #360; Dilaudid 8 mg #180; Nuvigil to to 50 mg #30; Terazosin 1 mg #30. The the treatment plan included ordering and ENT consultation for swallowing issues reported to be related to medicat

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 61 to 62. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Pain (Chronic) (Updated 11/14/2014) Methadone.

Decision rationale: With respect to the use of Methadone in this patient, the medical record does not indicate that every efforts are being made in weaning this patient from opioids. Also, it appears that the daily Morphine Equivalent Dose of opioid being given to this patient far exceeds the amount recommended by the guidelines. In general, the total daily dose of opioid should not exceed 50mg oral morphine equivalents a decrease from 120mg based on the latest ACOEM recommendation. Rarely, and only after pain management consultation, should the total daily dose of opioid be increased above 120 mg oral morphine equivalents. (Washington, 2007). The MED factor for 120mg Methadone is 20 The requested daily dose of Methadone for this patient is 120mg, which translates to 2400mg oral morphine equivalents per day. This far exceeds the recommended dose after giving into account that this patient is also taking Dilaudid 8mg every 4 hours. Also, the patient was getting opioids from multiple physicians, which is not supported by the guideline. Therefore, methadone 10 mg #360is not medically necessary.

Nuvigil 250mg Q day #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), -TWC-Pain (Chronic) (Updated 11/14/2014) Modafinil (Provigil®) (Nuvagil

Decision rationale: The rendering provider has prescribed Modafinil (Nuvigil) for this patient solely to counteract sedation effects of narcotics. The guidelines does not support this type of treatment, until after first considering reducing excessive narcotic prescribing as is the case with this patient. Therefore the request for prescription of Nuvigil 150mg #30 is not medically necessary.

Terazosin 1mg #30 with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, pain management Page(s): 41.

Decision rationale: Regarding the request for Terazosin, it appears this medication is being prescribed to this patient for the sweating that is allegedly due to the prescribed antidepressants. The use of Terazosin for this off label use is not medically necessary. Terazosin is used to treat the symptoms of urinary obstruction due to an enlarged prostate caused by benign prostatic hypertrophy (BPH). Terazosin also is used alone or in combination with another blood pressure medication to treat high blood pressure. Therefore the request for Terazosin 1mg #30 with two refills is not medically necessary.