

Case Number:	CM13-0036824		
Date Assigned:	12/18/2013	Date of Injury:	04/24/2000
Decision Date:	05/21/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/21/2013

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Arizona. 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/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:

The patient is a 69-year-old male with a date of injury on 11/7/1996. The patient has been treated for ongoing symptoms from a head injury and hearing loss, pneumothorax, coma, left distal tibial fracture requiring open reduction internal fixation (ORIF) followed by a second complex surgery and ankle fusion in 1999, and shoulder/clavicle injury requiring rotator cuff repair in 2001, and other injuries. He returned to work three months after the accident, re-injuring his left leg, right shoulder and low back in 2000 when a grader he was driving tipped over. His right knee was replaced and bilateral carpal tunnel releases were performed in 2005. Electromyography (EMG/NCV) in 2001 showed S1 radiculopathy. An MRI of the lumbar spine in 2005 showed multilevel degenerative disc disease. Ongoing infection in the left leg required a below the knee amputation in 2007 and a later revision. Phantom limb pain led to dorsal column stimulator trial, which was unsuccessful. In 2008 he received a right total hip replacement, right below-knee amputation (BKA) prosthesis, physical therapy and an independent gym program. MRIs of LS spine in 2009 and 2010 showed broad-based disc herniation L4-5; he received an L4-5 foraminotomy. The most recent subjective complaints are of stable pain in right shoulder, right hip, knee and back pain, and left knee amputation site hypersensitivity; which was increased with cold weather and rated 6-9/10. Physical exam shows decreased lumbar range of motion, positive Fabere's maneuver and decreased right shoulder range of motion. Medications include methadone 10 mg qid (four times a day), with Norco 10/325 mg 3-5 tablets PRN (as needed) for breakthrough pain; Amrix 15 mg 1-2 qhs (at bedtime) PRN spasms; and Lidoderm to the distal BKA stump. Documentation shows the methadone and Norco have been used since at least 2007. Gardening and home care tasks were possible when he was on his pain medication. Based on a history of intravenous (IV) drug use for 15 years in the past, concerns about opioid use had been expressed by the treating physicians and medication was carefully monitored. Submitted medical

records document wheelchair-based activity in the garden; a 50% increase in functional activity while on medication. Also, a current narcotic contract, and appropriate urine drug screens are present in the record.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHADONE 10MG, #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines METHADONE, OPIOIDS Page(s): 61, 74-96.

Decision rationale: CA Chronic Pain guidelines recommend methadone as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The guidelines state that basis rules for prescribing methadone include: weighing the risks and benefits before prescribing methadone, avoid prescribing 40 mg Methadone tablets for chronic non-malignant pain, and closely monitor patients who receive methadone, especially during treatment initiation and dose adjustments. For this patient, moderate to severe pain is present that has been responding well to current opioid regimen, which includes the Methadone. For this patient, documentation shows stability on medication, increase functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines, including risk assessment, attempt at weaning, updated urine drug screen, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.

NORCO 10/325MG, #140: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increase functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines, including risk assessment, pain contract, updated urine drug screen, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.

