

Case Number:	CM13-0042279		
Date Assigned:	12/27/2013	Date of Injury:	01/15/2003
Decision Date:	04/22/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	10/30/2013

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 Physical Medicine & Rehabilitation and Pain Management; has a subspecialty in Interventional Spine and is licensed to practice in California. 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 47-year-old male with a date of injury of January 15, 2003. The patient's diagnoses include a total knee replacement, history of gastric bypass surgery and lethargy symptoms as a side effect from narcotic use, improved with the use adderall in the morning. According to report dated October 14, 2013, the patient presents with "constant throbbing pain in his left knee." The patient reports his pain as 8/10 at best, and a 10/10 at worst, without his Final Determination Letter for IMR Case Number [REDACTED] 3 medications. The patient is taking Methadone 20mg, three (3) times daily and immediate release morphine tabs 4 to 5 per day for breakthrough pain. He also takes Adderall 20mg, three (3) times daily "to keep him awake due to chronic sedation from the narcotic use." The patient reports that the Adderall works. The treating physician states the medication is keeping the patient functional. He reports 50% functional improvement with the medications versus not taking them at all.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF METHADONE 10MG, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Chronic Pain Medical Treatment Guidelines (May 2009), O.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication For Chronic Pain. Opioids Page(s): 60,61;80-81, 88-89.

Decision rationale: The patient presents with constant throbbing pain in his left knee. The treating physician is requesting a refill of Methadone 10mg, #180. A report dated May 27, 2013 documents that the patient was first prescribed Methadone with a weaning schedule for the Duragesic patches. For chronic opiate use, the California MTUS Guidelines functioning documentation using a numerical scale or validated instrument at least once every six months, documentation of the 4 A's (analgesia, ADLs, adverse side effects, adverse behavior) is required. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work and duration of pain relief with medication. The treating physician reports the patient's current pain, average pain and worst pain with and without medication. He also states that the patient reports 50% functional improvement with his medications. However, the patient is having side effects, including sedation and lethargy. There is not any specific and/or significant functional changes documented. There are not any validated instruments provided for functional measure. The California MTUS requires more specific documentations to ensure that these medications are making a significant difference. Given the lack of adequate documentation, recommendation is for non-certification.

1 PRESCRIPTION OF ADDERALL 20MG, #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The patient presents with constant throbbing pain in his left knee. The treating physician is request a refill of Adderall 20mg, #90, to offset the patient's chronic sedation and lethargy from Final Determination Letter for IMR Case Number [REDACTED] 4 opiate use. A report from February 07, 2013 states that the patient is requesting Adderall as he has taken it before and it helps counteract the side effects of the sedation from the medication. He also states that he does have a history of ADD. The ACOEM, MTUS and ODG guidelines do not discuss Adderall. Adderall is used to treat narcolepsy and attention deficit hyperactivity disorder (ADHD). In this case, the treating physician has been prescribing this medication to counter the patient's drowsiness from chronic opiate use. There are no guidelines that support the use of this medication for opiate induced drowsiness. Recommendation is for non-certification.

1 PRESCRIPTION OF MORPHINE 30MG, #140: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines (May 2009), Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication For Chronic Pain. Opioids. Page(s): 60-61; 80-81, 88-89.

Decision rationale: The patient presents with constant throbbing pain in his left knee. The treating physician is requesting a refill of Morphine 30mg, #140. A report dated May 27, 2013 documents that the patient was first prescribed Methadone with a weaning schedule for the Duragesic patches. For chronic opiate use, the California MTUS Guidelines functioning documentation using a numerical scale or validated instrument at least once every six months, documentation of the 4 A's (analgesia, ADLs, adverse side effects, adverse behavior) is required. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, and duration of pain relief with medication. The treating physician reports the patient's current pain, average pain and worst pain with and without medication. He also states that the patient reports 50% functional improvement with his medications. However, the patient is having side effects, including sedation and lethargy. There are no specific and/or significant functional changes documented. There are not any validated instruments are provided for functional measure. The California MTUS requires more specific documentations to ensure that these medications are making a significant difference. Given the lack of adequate documentation, recommendation is for non-certification.