

<b>Case Number:</b>	CM13-0047881		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/27/1997
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He 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 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 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 patient is a 59-year-old male with injury date from 03/27/1997. Per report 01/18/2013, listed diagnoses: Left hand strain, right knee internal derangement, status post left knee surgery x4, left lateral rib cage strain. On 01/18/2013, the listed medications were Norco 4 a day with Ambien 10 mg #30. Report dated 05/20/2013 by [REDACTED] first lists methadone as one of the medications and he states the patient has left knee pain that the applicant's symptoms are partially well controlled by current regimen and does not describe taking more medications than prescribed. The patient walks with a cane.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10mg PO Q8 #87 for purposes of weaning x2: Upheld**

**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 Long-term Opioid use Page(s): 88-89.

**Decision rationale:** This patient presents with chronic knee pain with multiple surgeries in the past. The current request is for methadone #60. The request for methadone was modified from

#90 to #87 by utilization reviewer letter dated 10/15/2013 for the purposes of weaning. This utilization review report does not really explain why the medication is modified and recommended for weaning. Review of the reports from 01/18/2013 to 11/22/2013 shows that the patient was started on methadone by [REDACTED] as of 05/20/2013. On this date, there were no explanations as to why the medication is being changed from Norco to methadone. There were no discussions regarding efficacy or lack thereof, regarding prior use of Norco. A 02/27/2013 report by [REDACTED] would indicate the patient being on Norco 4 a day with intensity of pain at 9/10. A 05/28/2013 report by [REDACTED] states that the patient was walking with a cane, does not run out of medication, and the patient experiences partial relief of symptoms with medications. The urine drug screen report from 06/04/2013 which showed that the patient tested positive for methadone and nothing else. The 10/25/2013 report by [REDACTED] shows that the patient is stable on medications and the intensity of pain is at 8/10 per 11/22/2013 report. MTUS Guidelines have very specific recommendations regarding chronic use of opiates. MTUS recommends documentation of 4 As (analgesia, ADLs, adverse side effects, adverse behavior). Furthermore, it requires documentation of pain and functional improvement compared to baseline, "functioning should be measured at 6-month intervals using a numerical scale or validated instrument". Under outcome, measures requires documentation of current pain, least pain reported since the last assessment, average pain, intensity of pain after taking the opioid, et cetera. In this patient, while the treating physician states that there is a partial relief and that the patient does not run out of medications, and that the patient is stable on medications, but there are no specifics regarding how the medication is making a difference in this patient's functional life, and quality of life. The treating physician does not provide discussions regarding activities of daily living, analgesia in terms of numerical scale, and other required documentations. Recommendation is for denial.