

Case Number:	CM14-0000116		
Date Assigned:	01/10/2014	Date of Injury:	01/15/2003
Decision Date:	06/09/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/31/2013

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 Orthopedic Surgery, 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:

This 47-year-old sustained an industrial injury January 15, 2003. He underwent left total knee replacement in 2006 for early end-stage arthritis. Arthrogram documented failure of the tibial component and bone scan evidenced an osteolytic area of the tibia and fibula. The 2/7/13 treating physician report documented throbbing left knee pain with significant difficulty weight bearing. The patient was using Duragesic patches (100mcg every 3 days) and Morphine (30 mg, 5 per day) to maintain functional ability and work 20-25 hours per week as a home health care giver. The treating physician documented several attempts to wean down the medications and recommended proceeding with the surgical revision as soon as possible. Records documented delays in surgical authorizations, continued functional benefit with medications, and provider concerns regarding the narcotic dosages. The May 27, 2013 progress report recommended discontinuation of the Duragesic patches by substituting methadone and reduction in the breakthrough Morphine dose to four per day. Records indicated that the patient successfully transitioned to methadone and decreased his Morphine dose. Surgical delays were documented and stabilization of medications was recommended until completion of surgery. The patient underwent left knee arthrotomy with synovectomy, removal of loose components and revision total knee arthroplasty on November 4, 2013. The November 12, 2013 treating physician report indicated that the post-operative course in the hospital was very difficult due to poorly controlled pain. The provider recommended continuation of the current opioid treatment plan given objective evidence of 50% functional improvement with current medications. The December 9, 2013 progress report continued the current medication regime noting continued severe throbbing left knee pain, attendance at physical therapy, and 50% functional improvement. Plans for further weaning were noted. The December 19, 2013 utilization review recommended weaning of the narcotic medications, noting side effects of lethargy requiring the use of Adderall. Methadone

was partially certified for a quantity of 144 from the 180 requested. Morphine was recommended non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHADONE 10MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Criteria for Use of Opioids..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning Of Medications, Page(s): 86-87, 93, 124..

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend Methadone as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. Guidelines recommend that opioid dosing not exceed 120 mg oral morphine equivalents per day (MED), and for patients taking more than one opioid, the MED of the different opioids must be added together to determine the cumulative dose. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. Guidelines criteria have not been met for continued use. The current MED for this patient is 720, 600 for Methadone and 120 for Morphine. Weaning as recommended by the utilization review of December 19, 2013 was consistent with guidelines. There is no compelling reason to support the medical necessity of methadone above that previously certified. The request for methadone 10mg, 180 count, is not medically necessary or appropriate.

MORPHINE 30MG #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Criteria for Use of Opioids..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning Of Medications, Page(s): 86-87, 93, 124..

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that immediate-release opioids, such as Morphine, are seen as an effective method in controlling chronic pain and are often used for intermittent or breakthrough pain. Guidelines recommend that opioid dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. It is generally recommended that only one opiate be weaned/tapered at a time. Guideline criteria have been met for continued use in the near term. The current opioid therapy markedly exceeds guideline recommendations, with weaning recommended. The request for Methadone has been partially certified for the purposes of weaning. Abrupt discontinuation of Morphine is not supported by guidelines. The request for morphine 30mg, 120 count, is medically necessary or appropriate.

