

Case Number:	CM14-0002665		
Date Assigned:	01/29/2014	Date of Injury:	09/08/2000
Decision Date:	06/19/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/08/2014

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 and Rehabilitation 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 35 year old male who was injured on 09/08/2000 when hit on the back of the right knee by a crane, causing him to fall. Prior treatment history has included the patient undergoing right arthroscopic ACL reconstruction with abrasion chondroplasty on 10/11/2000. He also had a saphenous nerve exploration, nerve excision and implantation of stump into a muscle belly on 12/11/2001. He has had lumbar sympathetic blocks, spinal cord stimulator trial, water therapy, medications and he ambulates with the use of a cane. The progress note dated 10/24/2013 documented the patient with complaints of severe pain in his right lower extremity with pain, swelling, redness and erythema. He states the pain medications are very helpful. He reports at least 50% functional improvement with the medications versus not taking them at all. He continues on methadone at a rather high dose at 40 mg 3 times daily. Additionally, he has been using Dilaudid for breakthrough pain, but wants me to rotate back to the morphine for breakthrough pain. He felt he was more functional when he had the water therapy activities to participate in. He states he cannot perform the land based activities because of the severity of pain in his leg. Objective findings on exam reveal his right lower extremity with some ongoing signs of edema and mild erythema. He exhibits ongoing allodynia signs to light touch and pinprick in the right lateral calf, knee and foot area. He can actively flex to 90 degrees, extend to 5 degrees. Stability tests reveal some valgus laxity. Patellar compression remains very painful. McMurray's is negative. There is some crepitus on passive range in flexion and extension. DTRs remain 1+ at the knees and ankles. Toes are downgoing to plantar reflex bilaterally. He exhibits difficulty trying to ambulate on his toes and heels. There are signs of hair loss in the right lower extremity not noted in the left lower extremity counterpart. There is no swelling or edema or erythema noted in left lower extremity. Treatment: refilled methadone, he will take four 10 mg

tabs 3 times daily for pain, #360 and immediate release morphine 30 mg one 4 times daily prn breakthrough pain, limit 4 per day, #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF 120 TABLETS OF MORPHINE 30MG (BETWEEN 12/27/13 AND 2/10/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS (CRITERIA FOR USE).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 75-94.

Decision rationale: As per CA MTUS, Morphine is a controlled, extended and sustained release preparations should be reserved for patients with chronic pain, who are need of continuous treatment. The guidelines further indicate that, "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors)." In this case, this patient has been prescribed this medication chronically. There is documentation that the patient reports pain medication is very helpful and reports at least 50% functional improvement with the medications. However, this patient continues to report severe right lower extremity with swelling and redness. The records available for review do not document ongoing monitoring with the use of urine drug screening to determine compliance with the prescribed medication. Finally, this patient has been prescribed Methadone 10 mg 4 tablets TID and morphine 30 mg 4 times daily. However, the guidelines recommend that dosing should not exceed 120 mg oral morphine equivalents per day for patients taking more than one opioid. The cumulative dose of Methadone and morphine exceeds the guidelines recommendation. The medical necessity for ongoing use of morphine has not been established.

PRESCRIPTION OF 360 TABLETS OF METHADONE 10MG (BETWEEN 12/27/13 AND 2/10/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, METHADONE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 75-94.

Decision rationale: As per CA MTUS, Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The guidelines further

indicate that, "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors)." In this case, this patient has been prescribed this medication chronically. There is documentation that the patient reports pain medication is very helpful and reports at least 50% functional improvement with the medications. However, this patient continues to report severe right lower extremity with swelling and redness. The records available for review do not document ongoing monitoring with the use of urine drug screening to determine compliance with the prescribed medication. Finally, this patient has been prescribed Methadone 10 mg 4 tablets TID and morphine 30 mg 4 times daily. However, the guidelines recommend that dosing should not exceed 120 mg oral morphine equivalents per day for patients taking more than one opioid. The cumulative dose of Methadone and morphine exceeds the guidelines recommendation. The medical necessity for ongoing use of Methadone has not been established.