

Case Number:	CM14-0112454		
Date Assigned:	09/10/2014	Date of Injury:	03/10/2004
Decision Date:	11/03/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/17/2014

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 Occupational Medicine 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 is a 55- year-old female with a 3/10/04 date of injury, when she injured her right knee. The patient was seen on 6/16/14 with complaints of 8/10 achy right knee pain radiating to the right thigh and right leg. The patient stated that medications were helping and she tolerated medications well. The patient was approved for CBT. The note stated that the patient's right knee replacement surgery was rescheduled for September 2014. Exam findings of the right knee revealed mild edema, tenderness to palpation over the patella and restricted range of motion due to pain. The diagnosis is chronic pain syndrome, osteoarthritis in the lower leg and pain in the lower leg. Treatment to date: work restrictions, medications, physical therapy and aquatic therapy. An adverse determination was received on 6/26/14 for a lack of urine drug screen test, signed pain contract and attempts of weaning and tapering.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61-62.

Decision rationale: CA MTUS states that Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half-life of the drug (8-59 hours). Pain relief on the other hand only lasts from 4-8 hours. Methadone should only be prescribed by providers experienced in using it. The progress notes indicated that the patient was utilizing Methadone at least from 1/17/14, however given the 2004 date of surgery the exact duration of use is unknown. The patient suffered from 8/10 knee pain and was scheduled for a total knee replacement in 09/14. However, there is a lack of documentation indicating objective functional gains from the prior treatment with Methadone. There is no discussion with regards to trial and failure of first-line drug options. In addition, the signed pain contract was not available for the review. Therefore, the request for Methadone 5mg #60 was not medically necessary.

Fentanyl 25mg patch #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic Fentanyl Transdermal System Page(s): 45.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Duragesic (fentanyl transdermal system) is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means, but is not recommended as a first-line therapy. The progress notes indicated that the patient was utilizing Fentanyl patches at least from 1/17/14, however given the 2004 date of surgery the exact duration of use is unknown. The patient suffered from 8/10 knee pain and was scheduled for a total knee replacement surgery in 09/14. However, there is a lack of documentation indicating objective functional gains from the prior treatment with Fentanyl patch. There is no discussion with regards to trial and failure of first-line drug options for the patient's pain and signed pain contract was not available for the review. Therefore, the request for Fentanyl 25mg patch #10 was not medically necessary.