

<b>Case Number:</b>	CM14-0048332		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/15/2003
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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, 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 an injury date on 01/15/2003. Based on the 02/24/2014 progress report provided by [REDACTED], the patient presents with constant throbbing pain in the left knee, the pain is at an 8/10. The patient's diagnoses include status post left total knee revision, lethargy symptoms from side effect from narcotic use, stable with Adderall use, gastric bypass surgery with weight loss, B12 deficiency, iron deficiency anemia, folic acid deficiency anemia, all non-industrial, and non-industrial anxiety disorder, erectile dysfunction, and hypogonadism. An exam on 02/24/2014 showed swollen left knee, 5 degrees in knee extension and stability test reveal some mild laxity in all plane. On 11/04/2013, the patient had a left total knee replacement, he "continues on Methadone 20 mg 3 times daily, immediate release morphine 30 mg tabs 4 per day, Adderall 20 mg 3 times daily to offset lethargy from narcotic use." The patient is back to work, working 30 hours/week. He rates his current pain as an 8/10 with the medications; at best a 7/10 with the medications, and at its worst at 10/10 without the medication. [REDACTED] is requesting for Methadone 10mg #180. The utilization review determination being challenged is dated 03/10/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 10/14/2014 to 06/09/2014.

### 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:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Medications for chronic pain, pages 60-61 and Opioids for chronic pain, pages 80-81 and Criteria for use of opioids, pages 88-89.

**Decision rationale:** This patient presents with constant throbbing pain in the left knee. Pain is rated as an 8/10 with medications and 10/10 without medications. He reports 50% functional improvement with the medications versus not taking them at all. The physician has asked for Methadone 10mg #180 on 02/24/2014. Review of the medical records shows that the patient has been using Methadone since 10/04/2013. The physician provides a numerical scale to assess patient's pain and the patient is working 30hrs/week. For chronic opiate use, MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or validated instrument at least one 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, duration of pain relief with medication. In this case, documentations have been provided including analgesia and functional improvement including return to work. Therefore the request is medically necessary.

