

Case Number:	CM14-0186996		
Date Assigned:	11/17/2014	Date of Injury:	09/25/2004
Decision Date:	01/05/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/10/2014

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 & 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 36 year old male with an injury date on 09/24/2004. Based on the 10/07/2014 progress report provided by the treating physician, the diagnoses are right knee pain, history of prior arthroscopy for medial meniscal tear in 2007, excessive laxity and stability throughout the right knee, currently pending an MRI for further evaluation to rule out internal derangement of the knee, severe depression and anxiety disorder due to industrial onset, nonindustrial medical problems, including a history of MRSA staph infection, skin abscess in the leg in the past, stable and history of diabetes, hypertension, hypogonadism. According to this report, the patient complains of "severe throbbing pain in his right knee." Patient states he "can hardly stand to weight bear, kneel, or squat." Current pain is a 9/10; at best is a 4/10 with medication, and a 10/10 without medication. Physical exam reveals swollen knee and laxity in all planes with the stress test. There is crepitus on passive range of motion. McMurray sign is positive. There is disuse atrophy in the right thigh and calf, by comparison to the left counterpart. There were no other significant findings noted on this report. The utilization review denied the request for Methadone 10mg #60 and Norco 10/325mg #240 on 10/20/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 10/24/2013 to 10/07/2014

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89, 78, 60-61.

Decision rationale: According to the 10/07/2014 report, this patient presents with "severe throbbing pain in his right knee. "Per this report, the current request is for Methadone 10mg #60. This medication was first mentioned in the 10/24/2013 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the 10/07/2104 report shows documentation of analgesia with pain ranging from 10/10 to 4/10 and a statement regarding patient function: "he can hardly stand to weight bear, kneel, or squat." "Urine drug screens have been appropriate." Per 09/15/2014 report, the treating physician indicates that the patient "cannot function without pain medication" and "continues on a home exercise regimen as instructed." In this case, reports show documentation of pain assessment with and without medication. ADL's are mentioned as above but no documentation as to how this medication is significantly improving the patient's ADL's and daily function. UDS was obtained. However, the treating physician does not discuss outcome measures as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. No discussion regarding other opiates management issues such as CURES and behavioral issues. The treating physician has failed to properly document ADL's, adverse effects and adverse behavior as required by MTUS. Recommendation is for denial.

Norco 10/325mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS, Medications for chronic pain Page(s): 88-89, 78, 60-61.

Decision rationale: According to the 10/07/2014 report, this patient presents with "severe throbbing pain in his right knee. "Per this report, the current request is for Norco 10/325mg #240. This medication was first mentioned in the 10/24/2013 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain

relief. Review of the 10/07/2104 report shows documentation of analgesia with pain ranging from 10/10 to 4/10 and a statement regarding patient function: "he can hardly stand to weight bear, kneel, or squat." "Urine drug screens have been appropriate." Per 09/15/2014 report, the treating physician states that the patient "cannot function without pain medication" and "continues on a home exercise regimen as instructed." In this case, the reports show documentation of pain assessment with and without medication. ADL's are mentioned as above but no documentation as to how this medication is significantly improving the patient's ADL's and daily function. UDS was obtained. However, the treating physician does not discuss outcome measures as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. No discussion regarding other opiates management issues such as CURES and behavioral issues. The treating physician has failed to properly document ADL's, adverse effects and adverse behavior as required by MTUS. Recommendation is for denial.