

<b>Case Number:</b>	CM14-0194673		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	01/15/2003
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	11/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 10/27/2014 progress report provided by the treating physician, the diagnoses are: 1. Status post left total knee replacement with revision 2. Lethargy symptoms from narcotic use, stable with p.r.n. Adderall use in the morning 3. Lower extremity edema with venous stasis, possible disruption of the saphenous nerve during knee surgery with stent placement 4. Non-industrial medical problems, including gastric bypass surgery with weight loss, vitamin B12 deficiency, iron deficiency anemia, folic acid deficiency anemia, history of right shoulder tendinopathy, hypogonadism, anxiety disorder, and erectile dysfunction. According to this report, the patient complains of "throbbing pain in his left knee with persisting swelling." Pain is rated as a 9/10 today; pain at its best is a 4/10 with medications, and a 10/10 without medications. Physical exam reveals +2 edema in the left lower extremity and +1 distal pulse equally. Range of motion of the left knee is 110 degrees in flexion and 5 degrees in extension. There is some laxity in the stability test of the knee. Examination and patient's pain levels are unchanged from the 08/25/2014 and 09/22/2014 reports. The patient states "he continues to work about 30 per week as a home health care giver." The treatment plan is refill medications. There were no other significant findings noted on this report. The utilization review denied the request for 1 prescription of Morphine 30mg #120 and 1 prescription of Adderall 20mg #90 on 11/08/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 04/15/2014 to 10/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Morphine 30mg #120: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria for Use of Opioids Page(s): 60-61, 76-78, 88-89.

**Decision rationale:** According to the 10/27/2014 report, this patient presents with "throbbing pain in his left knee with persisting swelling." The current request is for 1 prescription of Morphine 30mg #120. This medication was first mentioned in the 05/12/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, the 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 4A's (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. A review of the provided medical reports reveals that the treating physician states the patient reports a "50% reduction in his pain, 50% functional improvement with activities of daily living with the medications versus not taking them at all." The reports show documentation of analgesia with pain ranging from 10/10 without medications to 4/10 with medications and the patient "continues to work about 30 per week." The Urine drug screens have been appropriate on this patient. In this case the treating physician has documented that the patient has moderate pain relief with opioid usage, the patient has moderate functional improvement with functional work status and there is no documentation of any adverse effects of medications. The current request meets the opioid criteria for continuation, per the MTUS guidelines. The current request is medically necessary.

**1 prescription of Adderall 20mg #90: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Billiard M, Dauvilliers Y, Dolenc-Groselj L, Lammers GJ, Mayer G, Sonka K. Management of narcolepsy in adults. In: Gilhus NE, Barnes MP, Brainin M, edito(s). European handbook of neurological management. 2nd ed. Vol 1. Oxford (UK): Wiley-Blackwell; 2011. p. 513-28 [118 references]

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter: Provigil

**Decision rationale:** According to the 10/27/2014 report, this patient presents with "throbbing pain in his left knee with persisting swelling." The current request is for 1 prescription of Adderall 20mg #90 "for lethargy symptoms related to narcotic use." This medication was first mentioned in the 05/12/2014 report; it is unknown exactly when the patient initially started taking this medication. The ACOEM, MTUS and the ODG guidelines do not discuss Adderall.

Adderall is used to treat narcolepsy and attention deficit hyperactivity disorder (ADHD). In this case, the treating physician has been prescribing this medication to counter the patient's lethargy symptoms from chronic opiate use. There are no guidelines that support the use of this medication for opiate induced lethargy symptoms. ODG guidelines do not support Provigil to counteract sedation effects of narcotics. Therefore, the current request is not medically necessary.