

<b>Case Number:</b>	CM15-0104106		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	04/22/2007
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 48 year old male, who sustained an industrial injury on 4/22/2007. He reported injury to his left leg and right hand, while employed as a caregiver, when a client kicked him. The injured worker was diagnosed as having history of left lower extremity pain following left knee arthroscopy, with development of MRSA, requiring multiple wash-out procedures and ultimate fusion of the knee, development of stress fractures in the femur and tibia secondary to osteopenia, open reduction and internal fixation procedures from fractures, left lateral thigh skin graft with recurring open sore, history of recurring MRSA and cellulitis in the left lower extremity requiring hospitalizations in the past, non-industrial medical problems including obesity, hypertension, diabetes, and depression, component of neuropathic pain in the left lower extremity, and insomnia due to pain. Treatment to date has included diagnostics, multiple orthopedic surgeries with subsequent Methicillin-resistant Staphylococcus aureus (MRSA) infections, physical therapy, psychological counseling, cortisone injections, and medications. Currently (4/21/2015), the injured worker complains of ongoing throbbing pain in his left hip, back, and leg. He reported another open sore at the site of a skin graft and continued to take Bactrim. He stated he could not function without pain medication, noting he now switched to Methadone as a long acting analgesic. He was also using Percocet for breakthrough pain. The use of Percocet was noted for greater than one year. His pain was currently rated 9/10, 4/10 at best with medication and 10/10 without. He reported a good reduction in pain and improvement with activities of daily living with medications. He was currently not working. The treatment plan included continued medications, including Methadone and Percocet. A narcotic contract

was in place and it was documented that urine toxicology screens had been appropriate. Urine toxicology reports were not submitted. The previous progress report (3/24/2015) did not note the use of Methadone. Pain levels appeared consistent for several months.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Methadone 20mg #180: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page 74-96, On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. Guidelines do not support chronic use of opioids and pain medications are typically not useful in the subacute and chronic phases, impeding recovery of function in patients. Methadone, a synthetic opioid, may be used medically as an analgesic, in the maintenance anti-addictive for use in patients with opioid dependency and in the detoxification process (such as heroin or other morphine-like drugs) as a substitute for seriously addicted patients because of its long half-life and less profound sedation and euphoria. Submitted reports have not adequately identified significant clinical findings or red-flag conditions to continue the opiate for this unchanged chronic injury of 2007 without functional benefit. The Methadone 20mg #180 is not medically necessary and appropriate.

#### **Percocet 10/325mg #150: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page 74-96.

**Decision rationale:** Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Percocet 10/325mg #150 is not medically necessary and appropriate.