

Case Number:	CM15-0133752		
Date Assigned:	07/21/2015	Date of Injury:	01/15/2003
Decision Date:	08/25/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/10/2015

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, Hawaii
 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 (IW) is a 48-year-old male who sustained an industrial injury on 01/15/2003. Diagnoses include status post left total knee replacement with revision due to hardware loosening with ongoing knee pain and lethargy symptoms from narcotic use, improved with Adderall use. Treatment to date has included medications, total knee arthroplasty and revision and physical therapy. According to the PR2 dated 5/26/15, the IW reported severe left knee pain and instability and expressed concern that something was wrong. He reported that bearing weight caused agonizing pain. He was working up to 40 hours per week as a caregiver. His pain rating was 8/10; his best pain was 4/10 with medications and 10/10 without them. He reported 50% improvement in pain and function with medications compared to taking no medications. On examination, the left knee was very swollen. Active flexion was 110 degrees and extension 5 degrees. There was crepitus in passive flexion and extension. There was also laxity in all planes with stress testing. He had signs of venous stasis dermatitis in the lower extremities. The January and February progress notes documented pain levels of 9/10 and 8/10, respectively. The current PR2 stated his pain level was 8/10. The provider documented that urine drug screens were appropriate and the IW was under a narcotic contract. The treatment plan included requesting authorization for a follow-up visit with the IW's knee surgeon to determine the cause of the increased pain. A request was made for Adderall 20mg, #90 and Morphine sulfate IR 30mg, #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

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, editor(s). European handbook of neurological management 2nd ed. Vol. 1. Oxford (UK): Wiley-Blackwell; 2011. p. 513-28.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health, National Library of Medicine, <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601234.html#why>.

Decision rationale: The patient presents with severe left knee pain and instability. The current request is for Adderall 20mg #90. The treating physician states, in a report dated 05/26/15, "Adderall 20 mg t.i.d. for lethargy symptoms from narcotic use, 90." (168B) The MTUS guidelines are silent on the issue of Adderall. National Institutes of Health, National Library of Medicine, <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601234.html#why> states this medication is used as part of a treatment program to control symptoms of ADHD. NIH further states, "The combination of dextroamphetamine and amphetamine should not be used to treat excessive tiredness that is not caused by narcolepsy." AETNA guidelines require a diagnosis of ADHD or Narcolepsy AND trial of a generic amphetamine. In this case, the treating physician states, "He continues to require narcotics and stimulants to manage his pain." The patient's diagnoses include lethargy symptoms from narcotic use, improved with Adderall. The patient has been taking Adderall since at least 11/2014. In this case, the guidelines support this medication for ADHD and narcolepsy but do not support Adderall for lethargy due to opioid usage. The current request is not medically necessary.

MSO4 IR 30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Users of Opioids (6-months or more); Opioids, dosing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with severe left knee pain and instability. The current request is for Morphine Sulfate IR 30mg #120. The treating physician states, in a report dated 05/26/15, "MSO4 immediate release 30 mg tabs, 4 times daily p.r.n. breakthrough pain, limit 4 per day, 120." (168B) MTUS pgs 88, 89 recommends documentation of pain and functional improvement compared to baseline. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS further requires documentation of the four A's (analgesia, ADL's, adverse side effects, adverse behavior). In this case, the treating physician states, "Rates his pain 8/10, at best 4/10 with the medications, 10/10 without them. He reports 50% reduction in his pain, and 50% functional improvement

with activities of daily living with the medications versus not taking them at all." This exact same verbiage is in every report dating back to 11/2014 since this medication was first prescribed. The MTUS guidelines require much more thorough documentation of functional improvement to continue opioid medications. Additionally, there is no discussion regarding side effects, aberrant behaviors, CURES or UDS. The current request is not medically necessary.