

Case Number:	CM15-0088854		
Date Assigned:	05/13/2015	Date of Injury:	09/11/1992
Decision Date:	06/12/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/08/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 59-year-old male, who sustained an industrial injury on 09/11/1992. He has reported subsequent lower extremity pain and was diagnosed with pain in joint of the lower leg, osteoarthritis of the lower leg, right knee advanced medial compartment degenerative arthritis and status post left total knee arthroplasty and unspecified disorder of muscle, ligament and fascia. Treatment to date has included oral pain medication and surgery. In a progress note dated 04/23/2015, the injured worker complained of 5/10 pain but the location of the pain was not documented. The most recent physician progress note on 11/25/2014 indicated that the injured worker was status post left knee arthroplasty. The injured worker had minimal pain at this time. Objective findings were notable for a slightly limp, well-healed left incision, right knee slight flexion contracture, slight varus alignment and tenderness of the medial proximal tibia. A request for authorization of Methadone, Norco and Wellbutrin was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Methadone 10mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 61.

Decision rationale: According to MTUS guidelines, section Medications for chronic pain, Methadone is recommended as a second line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with these medications. As an opioid, Methadone should be used in the context of a well-established plan, tailored to the patient needs, when there is no reasonable alternative to treatment and when the patient is responsive to treatment. The lowest possible effective dose should be used. In this case, the patient continues to have severe pain despite the use of Methadone. Furthermore, it appears that a multidisciplinary approach was not used in the patient who continued to report severe pain despite the use of Methadone and other pain medications. Based on the above, the prescription of Methadone 10mg #90 is not medically necessary.

One (1) prescription of Norco 10/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (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. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient's file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #60 is not medically necessary.

One (1) prescription of Wellbutrin XL 150mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Bupropion Page(s): 16.

Decision rationale: According to MTUS guidelines, Wellbutrin (Bupropion) showed some efficacy in the treatment of neuropathic pain. However, there is no evidence of its effectiveness in chronic lower extremity pain. There is no evidence of previous use of the drug. Based on the above, the prescription of Wellbutrin XL 150MG #30 is not medically necessary.