

<b>Case Number:</b>	CM15-0171369		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	10/07/2013
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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 51 year old male, who sustained an industrial injury on October 7, 2013. He reported injury to his knee. The injured worker was currently diagnosed as having continued knee pain status post total knee arthroplasty and manipulation. Treatment to date has included medication, brace, cast, physical therapy, surgery and exercise. Notes stated that despite treatment, there was no change in his condition. On July 2, 2015, the injured worker complained of pain described as an 8 on a 1-10 pain scale. His pain was stated to be present 90% to 100% of the time. The treatment plan included HELP Interdisciplinary Pain Rehabilitation Program Evaluation, transfer of care, methadone, Naproxen and a follow-up visit. A request was made for Methadone HCL 5mg #60 and Naproxen 500mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone HCL 5 mg BID #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** Based on the 7/2/15 progress report provided by the treating physician, this patient presents with severe right knee pain rated 8/10, present 90% of the time. The treater has asked for METHADONE HCL 5 MG BID #60 on 7/2/15. The patient's diagnosis per request for authorization dated 8/12/15 is joint pain, lower leg. The patient is s/p pain medication, braces/casts, physical therapy, and an exercise program without any change in his condition per 7/2/15 report. The patient is s/p total knee arthroplasty of unspecified date. The patient does not need assistance with bathing, dressing, and home duties but when necessary receives help from his wife per 7/2/15 report. The patient is currently taking Ibuprofen and Tramadol per 7/2/15 report. The patient is currently working per 7/2/15 report. MTUS, criteria for use of opioids Section, 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, Use of Opioids in musculoskeletal pain, page 60 and 61 states: "Recommended as indicated below. Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)." The treater does not discuss this request in the reports provided. Review of the reports do not show any evidence of Methadone being used in the past. Utilization review letter dated 8/19/15 denies request due to lack of documentation of functional improvement, and also states an unknown initiation date for Methadone. However, the patient is currently using Tramadol per 7/2/15 report, and the treater states: "I feel that palliation with stronger opioids at this point is warranted as we work towards a more significant plan." The requesting report is a first-time, one-time consultation and a request for transfer of care from the orthopedic surgeon who did patient's total knee replacement of unspecified date. The patient states "more recently the surgeon said he was ready for work after receiving therapies" per 7/2/15 report. No medical records were received prior to the initial evaluation but a CURES report dated 7/2/14 to 7/2/15 reconciles with patient's stated medication regimen per 7/2/15 report. Regarding medications for chronic pain, MTUS pg. 60 states treater must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. In this case, the treater is switching from Tramadol to Methadone which appears reasonable. This initiating prescription for Methadone IS medically necessary.

**Naproxen 500 mg BID #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

**Decision rationale:** Based on the 7/2/15 progress report provided by the treating physician, this patient presents with severe right knee pain rated 8/10, present 90% of the time. The treater has asked for NAPROXEN 500 MG BID #60 on 7/2/15. The patient's diagnosis per request for

authorization dated 8/12/15 is joint pain, lower leg. The patient is s/p pain medication, braces/casts, physical therapy, and an exercise program without any change in his condition per 7/2/15 report. The patient is s/p total knee arthroplasty of unspecified date. The patient does not need assistance with bathing, dressing, and home duties but when necessary receives help from his wife per 7/2/15 report. The patient is currently taking Ibuprofen and Tramadol per 7/2/15 report. The patient is currently working per 7/2/15 report. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 Anti-inflammatory medications section states: "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS, Medications for chronic pain section, page 60 and 61 states: "Recommended as indicated below. Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)." Treater does not specifically discuss this medication. Prescription history for Naproxen is not provided to determine when this medication was initiated; however, the patient is currently using Ibuprofen. For medication use in chronic pain, MTUS page 60 requires documentation of pain assessment and function as related to the medication use. It appears the treater is switching from Ibuprofen to Naproxen. Due to the conservative nature of this medication, and considering the patient's chronic pain condition, the request appears reasonable and in accordance with guidelines. Therefore, the initiating request for Naproxen IS medically necessary.