

Case Number:	CM14-0000152		
Date Assigned:	01/10/2014	Date of Injury:	04/01/2010
Decision Date:	04/30/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/31/2013

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 Internal Medicine, Pulmonary Diseases 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 29-year-old female who reported an injury on 04/01/2010 due to a slip and fall that reportedly caused injury to her bilateral knees and ankles. The patient's treatment history has included physical therapy, a TENS unit, activity modification, and medications. The patient was monitored for aberrant behaviors with urine drug screens. The patient was evaluated on 10/23/2013. It was noted that the patient's medications included Dilaudid, naproxen 550 mg, and Oxycodone 10/325 mg. The patient was evaluated on 11/27/2013. The patient was again evaluated on 12/27/2013. It was noted that the patient's morphine sulfate extended release and Oxycodone medications received a modification authorization. It was noted that the patient received 85% improvement in pain levels and was able to maintain activities of daily living such as self care and dressing as a result of the patient's medications. It was documented that the patient had an up to date pain contract and that the patient's previous urine drug screens were consistent and there was no evidence of aberrant or drug seeking behavior. The clinical documentation indicated that the patient was seen in the emergency room in 11/2013; however, there was no pain medication given during that visit. The patient's diagnoses included bilateral knee pain, bilateral knee sprain/strain, bilateral knee internal derangement, bilateral knee patellofemoral syndrome, left ankle pain, left ankle sprain/strain, and left ankle internal derangement. The patient's treatment recommendations included continuation of medications to include morphine sulfate extended release and Oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

MORPHINE SULFATE ER 15MG, 1 TAB PO BID #60: 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, On-Going Management Page(s): 78.

Decision rationale: The requested Morphine Sulfate ER 15mg, 1 tab po bid #60 is medically necessary and appropriate. California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by a quantitative assessment of pain relief, documentation of functional benefit, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation from 12/27/2013 indicated that the patient received 85% pain relief from the patient's medication usage to include morphine sulfate and oxycodone. Additionally, it is noted that the medication usage allows the patient to participate in self care activities. The clinical documentation does indicate that the patient is in a pain contract and is monitored for aberrant behavior with urine drug screens that have been consistent. Therefore, continued use of this medication would be supported. As such, the requested Morphine Sulfate ER 15mg, 1 tab po bid #60 is medically necessary and appropriate.