

Case Number:	CM14-0007076		
Date Assigned:	02/07/2014	Date of Injury:	08/17/2010
Decision Date:	07/11/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/18/2014

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, 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 30-year-old male who has submitted a claim for partial meniscal tear, left knee, and tension headaches, associated with an industrial injury date of August 17, 2010. Medical records from June 19, 2012 to December 24, 2013 were reviewed and showed that patient complained of constant aching pain in the left knee and lower leg, graded 7/10, which interferes with sleep. Pain is aggravated by walking, standing, and weight; and relieved by ice, medications, and rest. Physical examination showed that patient had an antalgic gait and ambulates using a one-point cane. DTR of the Achilles was 0+ bilaterally. The left and right knee had full range of motion. Motor testing was normal. Sensation was intact. Treatment to date has included opioid analgesics, physical therapy, epidural steroid injection and fasciotomy and external fixation with intramedullary rod, left tibia (2011). Utilization review, dated January 2, 2014, denied the request for morphine because the documentation did not identify measurable analgesic and functional benefits from ongoing use of morphine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MORPHINE 15MG TABLETS, FIFTY COUNT: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine Sulfate, Morphine Sulfate ER, CR Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: Analgesia, Activities of daily living (ADLs), Adverse side effects, and Aberrant drug- taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been prescribed morphine since August 2013. The most recent progress report, dated December 24, 2013, states that with morphine patient was able to perform ADLs like putting away the dishes, and that patient was on the smallest dose to get functional improvement. It also states that patient was intolerant to Norco and Percocet; and while Opana was tolerated, it was unavailable to the patient. The request for Morphine 15mg tablets, fifty count, is medically necessary and appropriate.