

<b>Case Number:</b>	CM14-0106236		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	06/20/2003
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 Family 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:

This is a 48-year-old female with a 6/20/03 date of injury. The mechanism of injury occurred when she was hit by a soccer ball which caused her to fall on her hands and knees and lose consciousness. According to a progress report dated 6/24/14, the patient complained of shoulder pain that radiated to bilateral arms and left-sided knee pain. Her present pain score was 8/10. She required moderate assistance from others for bathing, cooking, housekeeping, and shopping. Objective findings: antalgic gait, tenderness noted over supraclavicular region, normal cervical range of motion, lumbar spine normal, and edema noted in lower extremities, limited range of motion of knee. Diagnostic impression: shoulder pain, psychalgia, osteoarthritis of knee, peripheral neuralgia, knee pain, degeneration of lumbar intervertebral disc. Treatment to date: medication management, activity modification, physical therapy, aqua therapy, left total knee replacement. A UR decision dated 7/2/14 denied the request for levorphanol. The patient has been using levorphanol since 2010, as per submitted documents. The patient's response to the prior use of levorphanol was not discussed in the most recent report in terms of measured degree of pain relief afforded, evidence of functional improvement, and documented relevant adverse drug reactions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**180 Tablets Of Levorphanol Tartrate 2 Mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2003 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for 180 Tablets of Levorphanol Tartrate 2 mg was not medically necessary.