

<b>Case Number:</b>	CM14-0106610		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/13/2010
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	06/24/2014
<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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 45 year old female who reported an injury on 03/13/2010 due to an unknown mechanism. The injured worker was diagnosed with status post left knee arthroscopy and left knee pain. The injured worker was treated with medications, physical therapy, acupuncture, and injections. The injured worker had a left knee arthroscopy on 06/10/2013 was noted on progress. Diagnostic studies were not provided within the medical records. The clinical note dated 06/13/2014 injured worker complained of pain in the left knee rated 10/10 on average. The injured worker had fairly preserved range of motion of the left knee and tenderness to palpation at the medial compartment. The injured worker's motor strength and deep tendon reflexes were noted to be normal. The injured worker was prescribed MS Contin 30mg every 8 hours, Norco 10/325mg 4 times daily as needed for pain and Percocet 10/325mg 3 times daily. The treatment plan was for Morphine 30mg ER. The rationale for the request was for persistent pain. The request for authorization was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine 30mg ER 30 Day supply QTY 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 Opioids, Criteria for Use, and Opioids, Dosing, Page(s): 78 and 86.

**Decision rationale:** The request for Morphine 30mg ER 30 Day supply QTY 90 is not medically necessary. The injured worker is status post left knee arthroscopy, and complained of pain on average rating 10/10. The California MTUS guidelines recommend the ongoing review of opioids with the documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also recommend the medications be no more than 120 mg morphine equivalence per day. The injured worker was prescribed MS Contin 30mg every 8 hours, Norco 10/325mg 4 times daily as needed for pain and Percocet 10/325mg 3 times daily. The injured worker's daily morphine equivalent intake is 175mg, which exceeds the recommendation of 120. The injured worker's medical records lack the documentation of pain rating pre and post medication, current pain rating, the least reported pain over the period since last assessment the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. There is a lack of documentation that indicates whether there are side effects and aberrant drug related behaviors present. The documentation did not include a recent urine drug screen. There is a lack of documentation indicating the injured worker had significant pain relief or objective functional improvement with the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. Also, the request does not indicate the frequency of the medication. As such, the request for Morphine 30mg ER 30 Day supply QTY 90 is not medically necessary.