

Case Number:	CM14-0019374		
Date Assigned:	04/21/2014	Date of Injury:	06/01/2000
Decision Date:	08/14/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/14/2014

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 and is licensed to practice in Illinois. 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 52-year-old male who reported an injury on 06/01/2000. The mechanism of injury was not stated. Current diagnosis is knee pain. The injured worker was evaluated on 06/20/2014 with complaints of bilateral knee pain. Physical examination revealed tenderness to palpation with decreased range of motion and diminished strength. Treatment recommendations included continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate ER 15mg (#90, TID): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine Sulfate ER.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication since 05/2013. Despite the ongoing use, the injured worker continues to report 8/10 pain. There is no documentation of objective

functional improvement that would warrant the need for continuation of this medication. There is also no evidence of a written pain consent or agreement for chronic use of an opioid. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary.

Dilaudid 8mg (#180, 2 tablets TID): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydromorphone (Dilaudid).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication since 05/2013. Despite the ongoing use, the injured worker continues to report 8/10 pain. There is no documentation of objective functional improvement that would warrant the need for continuation of this medication. There is also no evidence of a written pain consent or agreement for chronic use of an opioid. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary.

Morphine Sulfate ER 30mg (#90 TID): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine Sulfate ER.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication since 05/2013. Despite the ongoing use, the injured worker continues to report 8/10 pain. There is no documentation of objective functional improvement that would warrant the need for continuation of this medication. There is also no evidence of a written pain consent or agreement for chronic use of an opioid. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary.