

Case Number:	CM14-0025862		
Date Assigned:	06/13/2014	Date of Injury:	09/02/2003
Decision Date:	08/12/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/28/2014

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 & Rehabilitation 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 injured worker is a 65-year-old male who reported an injury on 09/02/2003. The mechanism of injury was not provided. On 11/19/2013, the injured worker presented with right knee pain. Upon examination of the right knee, there was 3+ effusion, tenderness to the anterior medial joint line, and the range of motion was 3, 5 to 110+. There was no varus or valgus instability, and there was 5/5 strength in the knee, ankle flexors and extensors. The diagnoses were osteoarthritis of the right knee, morbid obesity, and chronic narcotic use. A current medication list was not provided. The provider recommended morphine sulfate. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MORPHINE SULFATE 30 MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Avinza (Morphine Sulfate) Page(s): page(s) 23.

Decision rationale: The request for morphine sulfate 30 mg with a quantity of 180 is not medically necessary. The California MTUS states that Avinza or morphine sulfate capsules are a brand of modified-release morphine sulfate indicated for once daily administration for the relief of moderate to severe breakthrough pain requiring continuous, around-the-clock opioid therapy for an extended period of time. There is no documentation of improved function or decreased pain with the use of this medication. Additionally, the requested medications exceed the guideline recommendations for non-malignant pain. Excessive dosage of this medication would not be necessary. As such, the request is non-certified.

MORPHINE SULPHATE CR (EXTENDED RELEASE) 60 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Avinza (Morphine Sulfate) Page(s): 23.

Decision rationale: The request for morphine sulfate CR (extended release) 60 mg with a quantity of 90 is not medically necessary. The California MTUS states that Avinza or morphine sulfate capsules are a brand of modified-release morphine sulfate indicated for once daily administration for the relief of moderate to severe breakthrough pain requiring continuous, around-the-clock opioid therapy for an extended period of time. There is no documentation of improved function or decreased pain with the use of this medication. Additionally, the requested medications exceed the guideline recommendations for non-malignant pain. Excessive dosage of this medication would not be necessary. As such, the request is not medically necessary.

MORPHINE SULPHATE ER (EXTENDED RELEASE) 100 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Avinza (Morphine Sulfate) Page(s): 23.

Decision rationale: The request for morphine sulfate ER (extended release) 100 mg with a quantity of 90 is not medically necessary. The California MTUS states that Avinza or morphine sulfate capsules are a brand of modified-release morphine sulfate indicated for once daily administration for the relief of moderate to severe breakthrough pain requiring continuous, around-the-clock opioid therapy for an extended period of time. There is no documentation of improved function or decreased pain with the use of this medication. Additionally, the requested medications exceed the guideline recommendations for non-malignant pain. Excessive dosage of this medication would not be necessary. As such, the request is not medically necessary.