

Case Number:	CM14-0076978		
Date Assigned:	07/18/2014	Date of Injury:	06/20/2008
Decision Date:	08/25/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	05/27/2014

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 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 underlying date of injury in this case is 06/20/2008. The initial mechanism of injury is patient tripped. This patient's diagnoses include bilateral hip degeneration, status post total hip replacement, right shoulder rotator cuff repair, right shoulder impingement, right knee tibial plateau fracture, and degenerative changes in both knees. The patient was seen in followup by the patient's primary care physician 05/09/2014. At that time the patient was noted to have been deemed permanent and stationary as of 02/07/2013, status post arthroscopic surgery for a torn rotator cuff. The patient expressed concern about not getting her medications because of approval issues in the pharmacy. The patient reported ongoing low back pain and neck pain. The patient wished to return to her prior treatment regimen of 2 tablets of Norco b.i.d. The patient reported she cries a lot and cannot sleep due to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate ER 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of opioids. Decision based on Non-MTUS Citation Agency Medical Director's Group (AMDG) guidelines from Washington State -opioid dosing calculator. (AMDG, 2007).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS AS ONGOING MANAGEMENT Page(s): 78.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Opiates as Ongoing Management, page 78, discusses in detail the 4 A's of opiate management. The medical records in this case do not document these 4 A's of opiate management. The functional goals and functional benefits of opioid treatment, dose titration versus function, and screening history and by lab studies for aberrant behavior is not clearly documented. Overall, this request is not supported by the medical guidelines. This request is not medically necessary.