

<b>Case Number:</b>	CM15-0009365		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	12/11/2003
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 55 year old male, who sustained an industrial injury on December 11, 2013. He has reported right knee and right ankle pain after a twist and fall. The diagnoses have included chronic intractable right knee pain, Gait dysfunction, chronic low back pain secondary to antalgic gait, chronic pain syndrome, severe neuropathic pain, eg joint pain. Treatment included Oxycontin, Percocet, Morphine. Currently, the Injured worker complains of constant right knee pain. The records indicate he had right knee surgery March 2004, and right ankle surgery July 2004. He wears custom orthotics. He is seen using a can for ambulation, and a knee brace. Physical exam notes he has limited range of motion of the knee due to pain. On December 19, 2014, Utilization Review non-certified one evaluation for functional restoration program, and one electrocardiogram; and modified certification for Morphine 30 mg, quantity #90, based on Chronic Pain Medical Treatment and non-MTUS guidelines. On January 5, 2015, the injured worker submitted an application for IMR for review of morphine 30 mg, quantity #120, and one evaluation for functional restoration program, and one electrocardiogram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Morphine 30 mg #120: Upheld**

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

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

**Decision rationale:** The injured worker sustained a work related injury on December 11, 2013 . The medical records provided indicate the diagnosis of included chronic intractable right knee pain, Gait dysfunction, chronic low back pain secondary to antalgic gait, chronic pain syndrome, severe neuropathic pain, eg joint pain. Treatment included Oxycontin, and Percocet, Morphine. The medical records provided for review do not indicate a medical necessity for 1 prescription of Morphine 30 mg #120 . The MTUS recommends against long term use of opioids for chronic pain as research for such use has been limited to 70 days. The MTUS recommends to discontinue opioids. If there is no overall improvement in function, unless there are extenuating circumstances; (b) Continuing pain with the evidence of intolerable adverse effects; Decrease in functioning. The records indicate the injured worker has not improved with the long term use of opioids and for this reason reviewers have at different time recommended he be weaned off it.

**1 evaluation for functional restoration program:** 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 Chronic pain programs (functional restoration programs) Page(s): 30-32.

**Decision rationale:** The injured worker sustained a work related injury on December 11, 2013 . The medical records provided indicate the diagnosis of included chronic intractable right knee pain, Gait dysfunction, chronic low back pain secondary to antalgic gait, chronic pain syndrome, severe neuropathic pain, eg joint pain. Treatment included Oxycontin, Percocet, and Morphine. The medical records provided for review do not indicate a medical necessity for 1 evaluation for functional restoration program. The MTUS recommends addressing negative indicators for functional restoration program first before embarking the the program. The records indicate the injured worker has such negative indicators like, need for opioids, severe intractable pain, long duration of disability.

**1 electrocardiogram:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic)

**Decision rationale:** The injured worker sustained a work related injury on December 11, 2013 . The medical records provided indicate the diagnosis of included chronic intractable right knee

pain, Gait dysfunction, chronic low back pain secondary to analgesic gait, chronic pain syndrome, severe neuropathic pain, eg joint pain. Treatment included Oxycontin, Percocet, Morphine. The medical records provided for review do not indicate a medical necessity for 1 electrocardiogram. The treating provider stated the injured worker has conduction block in a previous EKG, and the injured worker would be sent to the primary physician for an EKG. The Official Disability Guidelines, states as follows for pre-use cardiac evaluation:" Patients should be informed of arrhythmia risk when prescribed methadone. An assessment should be made of history of structural heart disease, arrhythmia, and syncope. No firm guides are agreed upon in terms of pre-treatment or interval EKGs, but recommendation for use is particularly made for patients on high dose drug with cardiac history or evidence of syncope or seizures. At this time, the injured worker has not been approved to use methadone, the decision to do or not to do EKG will be made following approval for Methadone, at which time the dose of methadone would be known.