MAXIMUS Federal Services

Case Number:	CM15-0148446		
Date Assigned:	08/11/2015	Date of Injury:	03/14/2003
Decision Date:	09/11/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/30/2015

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: California
Certification(s)/Specialty: Family Practice

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 48 year old female, who sustained an industrial injury on March 14, 2003, incurring injuries to the left knee. She was diagnosed with a left knee meniscal tear. She underwent a left knee meniscus repair in 2003, a left knee fat pad resection in 2004, and a left knee lateral release in 2005. Treatment included topical analgesic patches, pain medications, anti-inflammatory drugs, sleep aides, Cognitive Behavioral Therapy and activity restrictions. Currently, the injured worker complained of significant increased pain in the left knee, which was worse with walking and standing. She rated her pain 8 out of 10 on a pain scale, without medications. Her knee pain is reduced 40-50% with the use of pain medications, but she noted that she pays for her own pain medications due to lack of authorization. The treatment plan that was requested for authorization included prescriptions for Morphine Sulfate ER and Norco. A letter of appeal has been submitted dated August 15, 2015. Most recently, she underwent knee surgery on June 19, 2015. She is going to physical therapy. She has been able to decrease morphine back to once at bedtime. She uses Norco during the daytime. Pain is decreased from 10/10 to 5/10. She is able to better tolerate her work duties, which involve walking and standing throughout her whole shift. UDS and CURES have been consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate ER 15mg QTY: 45: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The MTUS guidelines recommend a ceiling of 120 morphine equivalent dosage and note that opioids may be continued for chronic pain if there is subjective and objective functional improvement. In this case, the injured worker is followed for chronic knee pain status post multiple surgeries. Most recently, she underwent knee surgery on June 19, 2015. She is going to physical therapy. She has been able to decrease morphine back to once at bedtime. She uses Norco during the daytime. Pain is decreased from 10/10 to 5/10. She is able to better tolerate her work duties, which involve walking and standing throughout her whole shift. Urine drug screen and CURES have been consistent. There is no evidence of abuse or diversion and the cumulative morphine equivalent dosage is below the ceiling of 120 recommended by the MTUS guidelines. The request for Morphine Sulfate ER 15mg QTY: 45 is medically necessary and appropriate.

Norco 10/325mg QTY: 180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The MTUS guidelines recommend a ceiling of 120 morphine equivalent dosage and note that opioids may be continued for chronic pain if there is subjective and objective functional improvement. In this case, the injured worker is followed for chronic knee pain status post multiple surgeries. Most recently, she underwent knee surgery on June 19, 2015. She is going to physical therapy. She has been able to decrease morphine back to once at bedtime. She uses Norco during the daytime. Pain is decreased from 10/10 to 5/10. She is able to better tolerate her work duties, which involve walking and standing throughout her whole shift. Urine drug screen and CURES have been consistent. There is no evidence of abuse or diversion and the cumulative morphine equivalent dosage is below the ceiling of 120 recommended by the MTUS guidelines. The request for Norco 10/325mg QTY: 180 is medically necessary and appropriate.