

Case Number:	CM15-0160307		
Date Assigned:	08/26/2015	Date of Injury:	02/27/2013
Decision Date:	10/02/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/17/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 60 year old female, who sustained an industrial injury on 2-27-13. Initial complaints were not reviewed. The injured worker was diagnosed as having degeneration lumbar lumbosacral disease; pain in the joint lower leg; thoracic region sprain-strain; long-term use of medications; internal derangement of the knee with severe patellofemoral dysfunction. Treatment to date has included status post arthroscopy bilateral knees with chondroplasty; physical therapy; medications. Diagnostics studies included MRI lumbar spine 5-27-15); X-rays bilateral knees (5-26-15). Currently, the PR-2 notes dated 8-3-15 indicated the injured worker complains of chronic low back pain and bilateral knee pain. The provider reports that the Butrans patch continues to be denied and she reported good response from the patch. She has retired from working. She also reports depression. A MRI of the lumbar spine dated 5-27-15 is reported by the provider as unremarkable with mild anterior wedge compression deformity of T11 that appears chronic and shows no bony retropulsion. T12-L1 there is minimal disc bulge. X-rays dated 5-26-15 of the bilateral knees is reported and documented by the provider revealing unremarkable bilateral knee series. He also reports an EMG which shows S1 radiculopathy but no report or date of testing. The injured worker reports she does wish to try to avoid total left knee replacement and Synvisc injection (4-2015) did help significantly with 50% reduction in pain from 8 out of 10 to 4 out of 10. She does report using Morphine in the past but her father past away and she no longer utilizing this medication benefit. The provider discussed a functional restoration program but she does not wish to go forward with it. The provider is requesting authorization of Morphine Sulfate ER 30mg #60.

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 Opioids, criteria for use Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 93.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p 78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs". Review of the available medical records reveals no documentation to support the medical necessity of Morphine Sulfate ER or any documentation addressing the '4 A's' domains, which is a recommended practice for the ongoing management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The medical records noted that UDS dated 6/12/15 was positive for opiates and was consistent with her prescription. Her UDS was also positive for THC as the injured worker does have a medical marijuana card. Her DEA CURES report dated 8/3/15 was appropriate. As MTUS recommends discontinuing opioids if there is no overall improvement in function, the request is not medically necessary and cannot be affirmed.