

Case Number:	CM15-0182798		
Date Assigned:	09/23/2015	Date of Injury:	02/27/2013
Decision Date:	11/06/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/17/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old female who sustained an industrial injury on 2-27-13. The injured worker reported pain in the low back and bilateral knees. A review of the medical records indicates that the injured worker is undergoing treatments for degeneration lumbar lumbosacral disc, pain in joint lower leg and sprain strain thoracic region. Medical records dated 9-10-15 indicate pain rated at 4 out of 10. Provider documentation dated 9-10-15 noted the work status as permanent and stationary. Treatment has included injection therapy, Tramadol since at least April of 2015, Naprosyn since at least April of 2015, Butrans Patch since at least May of 2015, bilateral knee radiographic studies (5-26-15), lumbar spine radiographic studies (5-26-15), status post right knee surgery (August 2013), status post left knee surgery (December 2013), and Morphine since at least August of 2015. Objective findings dated 9-10-15 were notable for antalgic gait, muscle strength 5 out 5 throughout all extremities. The original utilization review (9-15-15) partially approved a request for Morphine Sulfate extended release 30 milligrams quantity of 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: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain.

Decision rationale: The current request is for morphine sulfate ER 30MG, #60. The RFA is dated 09/09/15. Treatment has included injection therapy, medications, lumbar spine radiographic studies (5-26-15), status post right knee surgery (August 2013), status post left knee surgery (December 2013), and physical therapy. The patient may return to work with restrictions. MTUS, Medications For Chronic Pain Section, pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." Per report 08/03/15, the patient presents with chronic low back and bilateral knee pain. The patient reports that the Butrans patch continues to be denied. She has been without medications for the last month. With the use of Butrans the patient was able to exercise better and walk longer distances. The treater states that the patient does require medication, and recommended the patient to trial Morphine Sulfate. The patient's previous UDS have been consistent and there is a DEA cures report from 08/03/15. The patient has been without medication and presents with significant pain. Given this patient's continued pain, functional decline, and the lack of current opioid utilization, a trial of Morphine sulfate is an appropriate measure at this time. Therefore, the request IS medically necessary.