

<b>Case Number:</b>	CM15-0199108		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	07/20/2002
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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 47 year old male, who sustained an industrial injury on 7-20-02. The injured worker was diagnosed as having knee pain. Medical records (2-6-15 through 7-24-15) indicated 2-3 out of 10 pain with medications and 9-10 out of 10 pain without medications. The work status is permanent and stationary. The physical exam (6-26-15 through 7-24-15) revealed right knee flexion is 35 degrees and extension is 0-40 degrees. There is also moderate effusion in the right knee joint. As of the PR2 dated 9-18-15, the injured worker reports right knee pain. He rates his pain 2 out of 10 with medications and 9 out of 10 without medications. Objective findings include right knee flexion is 35 degrees and extension is 0-40 degrees. There is also moderate effusion in the right knee joint. The treating physician noted that the injured worker is not currently working. Current medications include Norco, Morphine Sulfate ER 120mg, Morphine Sulfate ER 30mg (since at least 7-24-15) and Nexium. Treatment to date has included a right knee surgery on 5-27-09, a home exercise program and Avinza. The treating physician requested Morphine Sulfate ER 30mg #30 x 1 refill. The Utilization Review dated 10-6-15, non-certified the request for Morphine Sulfate ER 30mg #30 x 1 refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Morphine Sulfate ER 30mg, #30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dosing, Opioids, long-term assessment.

**Decision rationale:** The injured worker sustained a work related injury on 7-20-02. The medical records provided indicate the diagnosis of knee pain. Treatments have included Norco, Morphine Sulfate ER 120mg, Morphine Sulfate ER 30mg (since at least 7-24-15) and Nexium. Treatment to date has included a right knee surgery on 5-27-09, a home exercise program and Avinza. The medical records provided for review do not indicate a medical necessity for 1 Prescription of Morphine Sulfate ER 30mg, #30 with 1 refill. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. When an opioid medication is taken for more than six months, the MTUS recommends documentation of pain and functional improvement scores on a numerical scale and comparing with baseline values every six months. The Maximum recommended daily morphine dose is 120 morphine equivalents. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the use of opioids by this injured worker predates 06/2013; the injured worker uses 150 morphine equivalents of morphine, in addition to Norco. Therefore, the requested treatment is not medically necessary considering the injured worker has been using more than the daily recommended dose of opioids, and also, the use of this medication goes against the short term recommended usage (generally not more than 16 weeks) in the treatment of non-malignancy related chronic pain.