

Case Number:	CM15-0203018		
Date Assigned:	10/19/2015	Date of Injury:	10/09/1997
Decision Date:	12/01/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/15/2015

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: California
Certification(s)/Specialty: Emergency 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 53 year old male, who sustained an industrial injury on 10-09-1997. The injured worker is currently permanently disabled. Medical records indicated that the injured worker is undergoing treatment for pain in knee joint. Treatment and diagnostics to date has included consistent urine drug screen for Morphine and Oxycodone dated 08-05-2015 and use of medications. Recent medications have included Percocet (since at least 04-21-2015), Amitiza (since at least 07-23-2015), MSER (Morphine Sulfate Extended Release-since at least 07-23-2015), Lorazepam, and Voltaren gel. Subjective data (08-05-2015 and 09-02-2015), included right knee, bilateral hip, and lower back pain rated 6-7 out of 10 with medications and 10 out of 10 without medications. Objective findings (09-02-2015) included mild right knee swelling with tenderness over lateral and medial joint lines and weakness noted. The request for authorization dated 09-03-2015 requested Amitiza 24mcg capsule-1 capsule by mouth 1-2 times a day #60, MSER (Morphine Sulfate Extended Release) 30mg tablet-1 tablet by mouth every 8 hours #90, and Percocet 10-325mg-1 tablet by mouth every 5 hours as needed #150. The Utilization Review with a decision date of 09-11-2015 denied the request for MSER 30mg #90, Percocet 10-325mg #150, and Amitiza 24mcg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine sulfate ER (MSER) 30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

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

Decision rationale: The requested Morphine sulfate ER (MSER) 30mg #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker is undergoing treatment for pain in knee joint. Treatment and diagnostics to date has included consistent urine drug screen for Morphine and Oxycodone dated 08-05-2015 and use of medications. Recent medications have included Percocet (since at least 04-21-2015), Amitiza (since at least 07-23-2015), MSER (Morphine Sulfate Extended Release-since at least 07-23-2015), Lorazepam, and Voltaren gel. Subjective data (08-05-2015 and 09-02-2015), included right knee, bilateral hip, and lower back pain rated 6-7 out of 10 with medications and 10 out of 10 without medications. Objective findings (09-02-2015) included mild right knee swelling with tenderness over lateral and medial joint lines and weakness noted. The treating physician has not documented VAS pain quantification with and without medications, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Morphine sulfate ER (MSER) 30mg #90 is not medically necessary.

Percocet 10/325mg #150: Upheld

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

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

Decision rationale: The requested Percocet 10/325mg #150 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker is undergoing treatment for pain in knee joint. Treatment and diagnostics to date has included consistent urine drug screen for Morphine and Oxycodone dated 08-05-2015 and use of medications. Recent medications have included Percocet (since at least 04-21-2015), Amitiza (since at least 07-23-2015), MSER (Morphine Sulfate Extended Release-since at least 07-23-2015), Lorazepam, and Voltaren gel. Subjective data (08-05-2015 and 09-02-2015), included right knee, bilateral hip, and lower back pain rated 6-7 out of 10 with medications and 10 out of 10 without medications. Objective findings (09-02-2015) included mild right knee swelling with tenderness over lateral

and medial joint lines and weakness noted. The treating physician has not documented VAS pain quantification with and without medications, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Percocet 10/325mg #150 is not medically necessary.

Amitiza 24mcg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The requested Amitiza 24mcg is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, July 18, 2009, Opioids, criteria for use, Page 77, noted in regards to opiate treatment that opiates have various side effects, that " include serious fractures, sleep apnea, hyperalgesia, immunosuppression, chronic constipation, bowel obstruction and that Prophylactic treatment of constipation should be initiated. The injured worker is undergoing treatment for pain in knee joint. Treatment and diagnostics to date has included consistent urine drug screen for Morphine and Oxycodone dated 08-05-2015 and use of medications. Recent medications have included Percocet (since at least 04-21-2015), Amitiza (since at least 07-23-2015), MSER (Morphine Sulfate Extended Release-since at least 07-23-2015), Lorazepam, and Voltaren gel. Subjective data (08-05-2015 and 09-02-2015), included right knee, bilateral hip, and lower back pain rated 6-7 out of 10 with medications and 10 out of 10 without medications. Objective findings (09-02-2015) included mild right knee swelling with tenderness over lateral and medial joint lines and weakness noted. The treating physician has not documented the presence of constipation, nor symptomatic or functional improvement from previous use of this medication. The criteria noted above not having been met, Amitiza 24mcg is not medically necessary.