

Case Number:	CM15-0020302		
Date Assigned:	02/09/2015	Date of Injury:	12/06/2003
Decision Date:	03/31/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	02/03/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 38 year old male, who sustained an industrial injury on 12/6/03. He has reported right knee pain related to a fall. The diagnoses have included lumbar radiculopathy, right knee surgery x 3 and left knee strain. Treatment to date has included knee surgery, MRI and oral medications. As of the PR2 dated 12/2/14, the injured worker reports 3-4/10 pain in the low back and right knee with current pain medications. The patient states he is not receiving pain meds from other sources. He denies illicit drug use. He has been compliant with medications usage. The treating physician requested Morphine Sulfate IR 15mg #60. On 1/2/15 Utilization Review modified a request for Morphine Sulfate IR 15mg #60 to Morphine Sulfate IR 15mg #30. The utilization review physician cited the MTUS and ACOEM guidelines. On 1/16/15, the injured worker submitted an application for IMR for review of Morphine Sulfate IR 15mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate IR 15mg, #60 (2 x a day): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, 115, Chronic Pain Treatment Guidelines Criteria for the use of Opioids Page(s): 78, 80-81, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Morphine Sulfate IR 15mg, #60 (2 x a day) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, attempts at opioid weaning. The MTUS furthermore recommends that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function. For all of these reasons the request for Morphine Sulfate IR 15mg, #60 (2 x a day) is not medically necessary.