

<b>Case Number:</b>	CM15-0035681		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	01/15/2003
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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, California  
 Certification(s)/Specialty: Family Practice

### 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 48 year old male, who sustained an industrial injury on 1/15/2003. He has reported a fall with a subsequent left knee injury. The diagnoses have included status post left total knee replacement with revision due to hardware loosening, left lower extremity edema due to venous stasis, status post saphenous vein stent replacement, and status post gastric surgery. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), narcotic therapy, physical therapy, and steroid injections. Currently, the IW complains of knee pain and swelling with pain rating 10/10 without medication and 4/10 with medication. The physical examination from 3/2/15 documented significant swelling of the left knee with excessive laxity in all places, consistent with the knee replacement following revision. There was positive for crepitus. The patient sustained the injury due to a fall. Patient has received an unspecified number of PT visits for this injury. The medication list include Norco, Methadone, Ambien, Tizanidine, Senna, Ibuprofen and Amitriptyline. The patient's surgical history include three surgeries of knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sulfate Controlled Release (MS Contin) 60mg quantity 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic pain: Long-term Users of Opioids (6 months or more); MS Contin; Opioids, dosing; Opioid Dosing Calculator, Morphine Equivalent Dose factor, Morphine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines -Opioids, criteria for use: page 76-80 CRITERIA FOR USE OF OPIOIDS Therapeutic Trial of Opioids.

**Decision rationale:** Request: Morphine Sulfate Controlled Release (MS Contin) 60mg quantity 90. Morphine Sulfate Controlled Release (MS Contin) is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed, that this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Morphine Sulfate Controlled Release (MS Contin) 60mg quantity 90 is not established for this patient.