

Case Number:	CM15-0041423		
Date Assigned:	03/11/2015	Date of Injury:	08/08/2013
Decision Date:	04/14/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/04/2015

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: 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 46 year old male, who sustained an industrial injury on 8/8/13. The injured worker has complaints of right knee and lower back pain with radiation to right lower extremity. He has headaches; right ankle pain with intermittent symptoms; left knee pain compensable consequence because of guarding of the right knee and right wrist pain recurrence. The documentation noted that the injured worker has had some episodes of soiling himself secondary to being unable to make it to the restroom on time with difficulty of walking due to knee and ankle pain. The diagnoses have included right knee pain. Treatment to date has included physical therapy; Magnetic Resonance Imaging (MRI) of the right knee on 10/31/13 was done; Magnetic Resonance Imaging (MRI) of the lumbar spine done 4/30/14; notes morphine did help however it makes him sleepy so he tries to only take that or Norco when he is going to bed. No screening for opioid risk factors are reported and no functional benefits are documented. He had Orthovisc injections on 8/13/14 but states it did not help much and right knee surgery on 4/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate IR 15 MG 15 Tabs: Upheld

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

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

Decision rationale: MTUS Guidelines have very specific standards to justify the long term prescribing of opioid medications. These standards include screening for addiction risks, appropriately timed drug screens and clear evidence of functional benefits in addition to subjective pain relief. These standards have not been met. There is no documentation of the recommended screening for risk of misuse. There is no drug testing noted and the functional status is worsening over time. Under these circumstances, the Morphine Sulfate IR 15mg. 15 tabs are not supported by Guidelines and are not medically necessary.