

<b>Case Number:</b>	CM15-0085868		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	08/28/2004
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: New Jersey, New York  
 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 29-year-old male who sustained an industrial injury on 8/28/04. The injured worker was diagnosed as having crushing injury of knee and lower leg, pain in joint of lower leg, and chronic pain due to trauma. Currently, the injured worker was with complaints of left lower extremity discomfort. Previous treatments included oral pain medication, elevation; status post left knee surgery, physical therapy, and heat/ice application. Previous diagnostic studies included radiographic studies of the left tibia and fibula as well as the left knee. The injured workers pain level was noted as 6/10. Physical examination was notable for left knee medial malalignment, left knee restricted range of motion and tenderness to palpation over the medial joint line, patella and quadriceps tendon. The plan of care was for medication prescriptions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine sulfate ER 15mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-79, 86.

**Decision rationale:** The request for morphine is medically necessary. The chart does provide documentation of improvement in pain and function with the use of morphine, with the use of VAS scores but no objective documentation for function. The patient has been on high doses of opioids for more than 10 years. His total dose exceeds the recommended 120mg oral morphine equivalents per day as recommended by the MTUS guidelines. There are no documented urine drug screens or drug contracts, or long-term goals for treatment. The patient was stated to have no side effects and was able to work full-time. The 4 A's of ongoing monitoring were not adequately documented. However, given his return to work full-time and improvement in pain, it is reasonable to continue his long-acting opioid. However, in order not to exceed the maximum recommended dose, it is advisable to decrease the dose of the short-acting opioid. Therefore, the request for morphine sulfate ER is considered medically necessary.

**Norco 5/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-79, 86.

**Decision rationale:** The request for Norco is not medically necessary. The chart does provide documentation of improvement in pain and function with the use of opioids, with the use of VAS scores but no objective documentation for function. The patient has been on high doses of opioids for more than 10 years. His total dose exceeds the recommended 120mg oral morphine equivalents per day as recommended by the MTUS guidelines. There are no documented urine drug screens or drug contracts, or long-term goals for treatment. The patient was stated to have no side effects and was able to work full-time. The 4 A's of ongoing monitoring were not adequately documented. However, given his return to work full-time and improvement in pain, it is reasonable to continue his long-acting opioid. However, in order not to exceed the maximum recommended dose, it is advisable to decrease the dose of the short-acting opioid. Therefore, the request for Norco is considered not medically necessary as stated.