

<b>Case Number:</b>	CM14-0119115		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/06/2010
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 62 year female old who reported an injury on 03/06/2010. The mechanism of injury was a fall. The injured worker had diagnoses including sprain and strain lumbar spine and degenerative disc disease; osteoarthritis localized primary involving pelvic region and thigh, nonallpathic and left knee pain. The injured worker underwent right hip Arthroplasty and total hip replacement 02/08/2011. Prior treatment included physical therapy, TENS unit, and chiropractic care. Diagnostic studies included an MRI of the right hip. The injured worker complained low back pain remains at 4/10, neck sometimes 5/10 at worst with medications. The clinical note dated 04/24/2014 reported the injured worker no significant changes in the orthopedic examination. Range motion in the Lumbar spine remained limited in all planes with 45 degrees of flexion, 5 degrees of extension, and 15 degrees of bilateral rotation. There was pain with all movements and the injured worker ambulated with minimal antalgia favoring the left lower extremity. Minimal edema in the left knee was noted with full range of motion and moderate crepitus. Medications included Oxcontin, Ibuprofen, Omprazole, Tramadol and acupuncture injections 02/2011. The treatment plan included a request for request Morphine Sulfate Tablet 15 mg ER (Extend Release) Day Supply: 20 QTY:60 Refills:00:. The rationale was to lessen his pain and improve function particularly range of motion of the right hip. The request for authorization was not provided within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sulfate Tablet 15 mg ER (Extend Release) Day Supply: 20 qty: 60 Refills: 00:**  
Upheld

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

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

**Decision rationale:** The request for Morphine Sulfate Tablet 15 mg ER (Extend Release) Day Supply: 20 qty: 60 Refills: 00: is not medically necessary. The injured worker complained of hip pain at the baseline. She rated her pain level 5/10 with medication while walking and standing too long. The California MTUS guidelines recommend ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, and 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 guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication and frequencies of medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. Therefore, the request is not medically necessary.