MAXIMUS Federal Services

Case Number:	CM14-0096933		
Date Assigned:	07/25/2014	Date of Injury:	09/08/2000
Decision Date:	10/08/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/23/2014

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 California. 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 a 36-year-old male who reported an injury after he fell 09/08/2000. The clinical note dated 06/12/2014 indicated history of Anterior Cruciate Ligament (ACL) repair, right knee arthroscopically with disruption of the saphenous nerve with development of severe complex regional pain syndrome; intermittent episodes of swelling and erythema in the right lower extremity related to sympathetic mediated symptoms; hypogonadism secondary to narcotic use; and anxiety and depression with industrial onset. The injured worker reported severe intractable pain in his right lower extremity, swelling and redness in his right leg. The injured worker reported he was getting some similar symptoms in the left lower extremity, as well, but not as severe. The injured worker reported his right leg and knee pain was 8/10; at best 5/10 with medications and 10/10 without medications. The injured worker reported his left lower extremity ankle pain and leg pain was 4/10. The injured worker reported he could not function without pain medication. The injured worker reported he continued to use Lyrica for neuropathic pain, along with elavil at night. The injured worker reported he took Topamax at night for neuropathic pain which he found helpful. The injured worker reported he had been using methadone 3 times a day for pain, additionally, and using morphine 4 times a day for breakthrough pain. The injured worker reported he cannot function on any lower dose than this. He reported 50% functional improvement with the medication with activities of daily living and 50% reduction in pain with medications versus not taking them at all. On physical examination, there was erythema in the right lower extremity from the knee distally to the ankle and calf area and in the left lower extremity and there was some mild erythema around the ankle. The injured worker's treatment plan included refill Methadone and Morphine. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Lyrica, Elavil, Wellbutrin, Zoloft, Zanax, Methadone, and Morphine. The

provider submitted a request for morphine. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine sulfate 30mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The request for Morphine sulfate 30mg #120 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. Although the injured worker reports efficacy and functional improvement with the use of his medications, the guidelines state that dosing is not to exceed 120 mg of oral morphine equivalents per day. The injured worker's oral morphine equivalent per day is 1560. This well exceeds the guideline's recommendation. In addition, it was not indicated how long the injured worker had been utilizing the Morphine Sulfate. Furthermore, the request does not indicate a frequency. Therefore, the request is not medically necessary.