

Case Number:	CM15-0112340		
Date Assigned:	06/18/2015	Date of Injury:	02/12/2012
Decision Date:	07/20/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/10/2015

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, Florida, 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 41 year old male who reported an industrial injury on 2/12/2012. His diagnoses, and/or impressions, are noted to include: status-post right knee arthroscopic surgery (3/23/13) for right knee meniscal and posterior cruciate ligament tears; left knee post-arthroscopic surgery (3/22/14); right wrist sprain/strain; carpal tunnel syndrome with ligament tear and status-post right carpal tunnel release (8/7/13); left wrist sprain/strain, rule-out carpal tunnel syndrome; and lumbar spine sprain/strain with multi-level disc bulges. No current imaging studies are noted. His treatments have included diagnostic studies; medication management; and rest from work. The progress notes of 5/8/2015 reported complaints of increased pain in his right knee and low back. He stated the low back pain was associated with numbness/tingling and radiated into the lower extremities; and that the right buckles more frequently with walking. Objective findings were noted to include decreased lumbar range-of-motion; positive left straight leg raise; tightness and spasm in the bilateral lumbar para-spinal musculature; hypoesthesia along the anterior aspect of the foot and ankle and left lumbosacral dermatomes; weakness with big toe dorsiflexion and left big toe plantar flexion; and decreased bilateral ankle reflexes. The physician's requests for treatments were noted to include Morphine Sulfate for severe pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine sulfate 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79, 80 and 88 of 127.

Decision rationale: This claimant was injured in 2012. The claimant is post knee arthroscopic surgery. As of May, there is back pain. The objective benefit out of Morphine usage is not noted. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids (a) If the patient has returned to work (b) If the patient has improved functioning and pain. In the clinical records provided, it is not evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.