

<b>Case Number:</b>	CM15-0125202		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	07/20/2002
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This injured worker is a 47 year old male who reported an industrial injury on 7/20/2002. His diagnoses, and or impressions, were noted to include: knee pain with internal derangement and status post surgery; and history of infection. No current imaging studies were noted. His treatments were noted to include diagnostic studies; an agreed medical re-evaluation in 10/2008; right knee surgery in 2009; a home exercise program; effective medication management with toxicology screenings; and rest from work. The progress notes of 6/12/2015 reported complaints which included mild right knee pain on medications, with an increased level of activity; and poor quality of sleep. Objective findings were noted to include: being in mild pain; an antalgic, slow and wide-based gait, with use of cane; a surgical scar on the right knee, with moderate swelling, restricted and painful range of motion, tenderness over the lateral and medial joint lines, and moderate effusion in the right knee joint; and the ability to better participate in activities of daily living from taking his medications. The physician's requests for treatments were noted to include Embeda.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Embeda 100/4mg quantity 15: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Chronic: Embeda (morphine/naltrexone).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dealing with misuse & addiction Page(s): 84. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Embeda (morphine /naltrexone) and Other Medical Treatment Guidelines <http://www.drugs.com/embeda.html>.

**Decision rationale:** Embeda 100/4mg quantity 15 is not medically necessary per the MTUS Guidelines and the OG. The ODG states that Embeda (morphine /naltrexone) is recommended as an option for patients who are at risk for abuse of opioids by altering recommended oral use. The MTUS states that for opioids if there are active signs of misuse, these concerns should be addressed immediately with the patient. If there are active signs of relapse to addiction, or new-onset addiction, these patients should be referred to an addictionologist immediately. The documentation does not indicate evidence of opioid abuse therefore this medication is not medically necessary.

**Embeda 50/2mg quantity 15: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Chronic, Embeda.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dealing with misuse & addiction Page(s): 84. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Embeda (morphine /naltrexone) and Other Medical Treatment Guidelines <http://www.drugs.com/embeda.html>.

**Decision rationale:** Embeda 50/2mg quantity 15 is not medically necessary per the MTUS Guidelines and the OG. The ODG states that Embeda (morphine /naltrexone) is recommended as an option for patients who are at risk for abuse of opioids by altering recommended oral use. The MTUS states that for opioids if there are active signs of misuse, these concerns should be addressed immediately with the patient. If there are active signs of relapse to addiction, or new-onset addiction, these patients should be referred to an addictionologist immediately. The documentation does not indicate evidence of opioid abuse therefore this medication is not medically necessary.