

<b>Case Number:</b>	CM15-0144382		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	03/02/2012
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 female who sustained an injury on 3-12-12 resulting in symptoms involving upper extremities, back, hips and lower extremities. A Qualified Medical examination was completed on 12-18-14 which describes the injury when the IW was pushing her medicine cart out of the nursing office when a resident in a wheelchair pinned her right knee in between the medicine cart and the wheelchair. Diagnostic MRI scan of the right knee was performed. Treatment included right knee arthroscopic partial menisectomy April 2012 and right knee anterior cruciate ligament reconstruction was done followed by physical therapy. In January 2013 the IW was diagnosed with complex regional pain syndrome in the right lower extremity and it was recommended to have implantation of a spinal cord stimulator. Currently on the progress report from 6/23/15 notes the IW complains of back and right knee pain and has been experiencing this for two years. The history of the pain is constant, aching, sharp and shooting. It radiates to the back and is rated 7 out of 10 in the pain scale. The pain is worsened by bending, changing position, increased activity and movement. It is better by injections, taking medications and resting. Additional symptoms described are difficulty staying asleep due to the pain and frustrated due to pain and muscle cramps. The IW is using a cane. At this exam the IW is having severe exacerbation of right knee and back pain. The pain is rated 9 out of 10 in her right knee and left shoulder. An injection of 100 mg of Meperidine was administered in 2 cc of 0.25% Marcaine intramuscularly in the gluteus muscle. Diagnoses include Causalgia of Lower Limb; Other internal derangement of the knee; chronic pain due to trauma; other chronic postoperative pain; and complex regional pain syndrome. The IW is currently on disability. Current requested treatments Morphine Sulfate 100 mg, Quantity: 60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sulfate 100mg quantity: 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

**Decision rationale:** The patient presents on 06/23/15 with lower back pain and right knee pain rated 7/10. The patient also complains of left shoulder pain rated 9/10. The patient's date of injury is 03/12/12. Patient is status post right knee partial meniscectomy in April 2012. The request is for morphine sulfate 100mg quantity: 60. The RFA was not provided. Physical examination dated 06/23/15 does not include any remarkable findings, only patient vital signs and a discussion of current disposition. The patient is currently prescribed Relistor, Lidoderm patches, Venlafaxine, Morphine ER, Zanaflex, Hydromorphone, Lyrica, and Marinol. Patient is currently disabled. MTUS Guidelines Criteria For Use of Opioids (Long-Term Users of Opioids) section, pages 88 and 89 states: Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regard to the requested Morphine for the management of this patient's chronic pain, the treater has not provided adequate documentation of opiate efficacy to substantiate its use. Progress note date 06/23/15 has the following regarding medication efficacy: "On an average of about 7/10, and right now it is 7/10... whereas it gets better by injections, taking medications..." Progress note 06/22/15 indicates a 50% reduction in pain attributed to medications. MTUS guidelines require documentation of analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, there is evidence of urine consistent drug screening, a lack of aberrant behavior, and some analgesia attributed to medications. However, there is no documentation of activity-specific improvements attributed to medications. While this patient presents with significant chronic pain complaints, without appropriate documentation of functional improvements, continuation of this medication cannot be substantiated. Owing to a lack of complete 4A's documentation, the request is not medically necessary.