

<b>Case Number:</b>	CM15-0171151		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	06/25/2009
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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 49 year old male who sustained an industrial injury on 06-25-2009. Current diagnoses include internal knee derangement, enthesopathy of knee, pain in joint involving lower leg, depression disorder, and chronic pain. Report dated 08-13-2015 noted that the injured worker presented with complaints that included chronic pain in the left lower extremity, and significant stress and depression. It was documented that the injured worker is doing better with pain control with use of Dilaudid. Pain level was 4-6 (moderate) and 7-9 (severe) out of 10 on a visual analog scale (VAS). Physical examination was positive for antalgic gait, diminished reflexes and sensation in the left lower extremity, weakness and tenderness in the left lower extremity, and decreased painful range of motion in the left. Previous diagnostic studies included an x-ray of the left knee, urine toxicology screenings, and MRI. Previous treatments included medications, physical therapy, psychological evaluation and treatment, biofeedback, acupuncture, and left knee surgical interventions. The treatment plan included education and counseling to reach goals, Dilaudid for break through pain, added morphine sulfate SR, discussed and signed medication treatment agreement, urine toxicology ordered and sent, return to office in one month, continue with physical therapy and mental health. Request for authorization dated 08-13-2015, included requests for follow up visit, urine toxicology screen, and see attached addendum (not included). The utilization review dated 08-26-2015, non-certified the request for morphine sulfate ER based on lack of documentation of prior use, functional improvement, and non-compliance of medication guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Morphine Sulfate ER 15mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The current request is for Morphine Sulfate ER 15mg #60. The RFA is dated 08/13/15. Previous treatments included medications, physical therapy, psychological evaluation and treatment, biofeedback, acupuncture, and left knee surgical interventions (06/24/14). The patient is not working. MTUS Guidelines page 76 to 78, under the Criteria for initiating opioids, recommend that reasonable alternatives have been tried, concerning the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids maybe tried at this time MTUS states "Functional assessment should be made before initiating a new opioid. Function should include social, physical, psychological, daily and work activities." Per report 08/13/15, the patient presents with chronic pain in his left lower extremity with co-morbid of major depression. Physical examination was positive for antalgic gait, diminished reflexes and sensation in the left lower extremity, weakness and tenderness in the left lower extremity, and decreased painful range of motion in the left. The patient reports moderate pain intensity as 4-6 and severe pain intensity as 7-8. The patient has constipation with using medications. The patient has had consistent UDS from 05/19/15. The treater states that the patient has been taking Dilaudid sparingly, 2mg bid; however, medications have been denied by WC. The patient reported deteriorating function and mood due to pain. He expressed "significant frustration and major depression." In this case, the patient reports deteriorating function and the treater is attempting to try a new medication. A trial of a new medication at this juncture is reasonable and supported by MTUS. For on-going chronic use of opiates, the four A's and outcome measures must be provided. This request IS medically necessary.