

Case Number:	CM15-0175236		
Date Assigned:	09/16/2015	Date of Injury:	01/06/2001
Decision Date:	10/19/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/08/2015

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 sustained an industrial injury on 1-6-01. The documentation on 8-17-15 noted that the injured worker rates his pain with medications as 5 on a scale of 1 to 10 and without medications as a 9 on a scale of 1 to 10. The documentation noted on 8-3-15 that bilateral knee examination revealed range of motion is restricted with flexion limited to 90 degrees limited by pain but normal extension and tenderness to palpation is noted over the lateral joint line, medial joint line and +allodynia right side, medially. There is mild effusion in both the knee joints. Right ankle has +allodynia with palpation, right medial ankle. The documentation noted that the injured worker developed locking in the left knee and had left knee surgery in March 1993 and right knee surgery in April 1993. The diagnoses have included bilateral knee pain. Treatment to date has included left knee reconstruction in 2005; left knee replaced using allograft reconstruction 2005; unicompartmental replacements on the right knee in 2011 and left knee surgery in 2012; right knee arthroscopy in May 2013; Ultram; Dilaudid; Nucynta; Oxycodone and Morphine sulfate. The documentation noted on 8-3-15 that the injured workers current medication regimen has not changed essential regimen in greater than six months and function and activities of daily living improved optimally on current doses of medications. The injured workers work status is documented as permanent and stationary. The original utilization review (8-28-15) non-certified the request for morphine sulfate IR 30mg #64.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine sulfate IR 30 mg #64: 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) Opioids, dosing.

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

Decision rationale: This claimant has bilateral knee pain. Treatment to date has included left knee reconstruction in and replacement in 2005; unicompartmental replacements on the right knee in 2011, left knee surgery in 2012; and right knee arthroscopy in May 2013. There has been physical therapy; MiraLAX; Prilosec; Soma; Methadone; Morphine sulfate immediate release; Ultram; Dilaudid; Nucynta; Oxycodone and Morphine sulfate. The documentation noted on 8-3-15 that the injured workers current medication regimen has not changed essential regimen in greater than six months and function and activities of daily living improved optimally on current doses of medications. 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 clearly 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. Therefore, the request for the opiate usage is not medically necessary.