

<b>Case Number:</b>	CM13-0048220		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/21/2012
<b>Decision Date:</b>	04/29/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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. The expert reviewer is Board Certified in Anesthesia, has a subspecialty in Acupuncture and Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 is a 42 year old female injured worker with date of injury 2/21/12 with bilateral neck pain and left shoulder pain. MRI of the left shoulder dated 7/23/13 revealed degenerative changes in acromioclavicular joint with minimal subacromial subdeltoid bursitis; no evidence of labral tear and normal appearance of rotator cuff. Treatment to date has included physical therapy, medication management, chiropractic manipulation, and activity modification. The date of UR decision was 10/22/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MORPHINE SULFATE ER, #60 WITH 0 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Sections on Opioids: Ongoing Management and Morphine Sulphate Page.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Sections on Opioids: Ongoing Management and Morphine Sulphate Page(s): 78-93.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines, page 78, regarding ongoing management of opioids state "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug

related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveal no documentation to support the medical necessity of Morphine Sulfate ER nor any documentation addressing the '4 A's' domains, which is a recommended practice for the ongoing management of opioids. Additionally, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. The request is not medically necessary.