

<b>Case Number:</b>	CM13-0055324		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	03/17/2008
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 Internal 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:

The injured worker is a 56 year old female injured on 03/17/08 when the bus she was driving struck a light pole causing neck, back, and upper extremity pain. Clinical diagnoses include bilateral carpal tunnel syndrome and cervical and lumbosacral spondylosis. Clinical note dated 05/09/13 indicated the injured worker complains of neck and low back pain. The low back pain is described as burning pain going down to the legs which has worsened lately. Objective findings showed that the injured worker is ambulating with a one point cane. Clinical note dated 06/14/13 indicated the injured worker complains of cervical pain and low back pain. She also complains of pain in the right wrist and forearm described as aching pain. There is also numbness and tingling in the left hand, thumb, 2nd, 3rd and 4th fingers. The injured worker also complains of numbness of both feet and toes. Physical examination revealed the injured worker walks without assistance. Clinical note dated 08/12/13 indicated that the injured worker's pain has been better in the past 2 weeks when she was resting. Walking has been painful especially in the low back. The injured worker indicated her upper extremity pain is worsening. She had injections in the wrist which afforded relief for only a few months. Injured worker indicated the pain has increased in her wrist and hands, with increasing numbness in both hands. Physical examination revealed Tinel's sign as positive over the carpal tunnels bilaterally. There is decreased sensation and pin prick in the first throughout 3rd digits of both hands. There is also decreased strength in right hand grip compared to the left. Clinical note dated 10/21/13 indicated the injured worker complains of burning pain in her hands particularly in the left hand, with numbness and tingling sensation. This awakens her nightly and flares up with driving, holding objects, and sustained grasping. Examination of the cervical spine revealed 75% decreased motion due to pain. There is bilateral trapezius tenderness. Examination of the wrists revealed positive provocative tests for carpal tunnel syndrome bilaterally. Examination of the hands

revealed decreased sensibility in the median distribution bilaterally. There is slight tenderness over the thumb, carpal metacarpal joint bilaterally. Current medications include Tizanidine-Zanaflex hydrochloride 4mg, Ketamine 5% 60g, Morphine sulfate ER 15mg, Pantoprazole-Protonix 20mg, and Gabapentin 600mg. The previous request for Morphine sulfate ER 15mg, #120 was non-certified on 11/07/13.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Morphine Sulfate ER 15mg, #120:** 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 Opioids, Criteria for Use Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. There are no documented VAS pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Morphine Sulfate ER 15mg #120 cannot be established at this time.