

Case Number:	CM14-0002805		
Date Assigned:	04/04/2014	Date of Injury:	10/22/2003
Decision Date:	07/17/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/08/2014

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 New York. 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 patient is a 60 year old female who was injured on 10/22/2013. The mechanism of injury is unknown. Her diagnoses include neck pain, low back pain, bilateral shoulder pain, knee and left foot pain. She is status post cervical fusion at C4-5 and C5-6, as well as lumbar discectomy at L5-S1. She does continue to remain symptomatic. She continues to await physical therapy and LESI. The patient's medications as of 11/22/2013 include: Cymbalta, Trazadone, Morphine, and Gabapentin. Diagnostic studies reviewed MRI of the right shoulder dated 07/28/2011 demonstrated: 1) Near full-thickness, undersurface insertional rotator cuff tear. 2) Acromioclavicular joint degenerative change and morphology resulting in narrowing of the osseous outlet. 3) intra-articular long head of the biceps tendinosis and. 4) Glenohumeral joint degenerative change with mild labral degeneration. Lumbar MRI dated 02/14/2012 revealed: 1) Partial undersurface insertional tears at the distal rotator cuff without tendon retraction. 2) Acromioclavicular joint degenerative change and morphology resulting in narrowing of the osseous acromiale outlet. 3) Glenohumeral joint degenerative change with mild labral degeneration. 4) Intra-articular long head of the biceps tendinosis. Visit note dated 11/22/2013 indicates the patient presents for follow-up of neck, bilaterally shoulder, knee and left foot pain. She notes that her pain is 5/10 on VAS and her left foot and bilateral shoulders are the most bothersome. She notes that she has received a shoe lift and injections into her left foot which does help decrease her pain. She also continues to experience radicular symptoms in her bilateral hands. She notes that increased writing and typing does aggravate her symptoms and this does cause her drop items from her hands. She does continue to utilize medications with benefit and improve function. She denies adverse effects. Objective findings on exam revealed the patient is well developed, well-nourished and in no cardiorespiratory distress. She is alert and oriented x3. The patient ambulates to the examination room without assistance. The patient

was diagnosed with lumbar postlaminectomy syndrome, lumbosacral neuritis, NOS; and disorder rotator cuff NEC. Office note dated 11/21/2013 states the patient is making good progress with treatment at this office. She states that the left foot is 55 to 60% better with the past treatment, which included the nerve blocks and injections. She states her low back is better with 0.25 inch heel lift on the left. Everything feels better, she stated. She would like to continue treatment. The patient continues to have pain at the anterolateral left ankle in the area of the superficial peroneal nerve where she has traction neuritis. She has neuritis in the area of the third and fourth metatarsals at the mid and distal shafts of the dorsal left foot, as well as extensor tendonitis in the same area. She has pain at the medial plantar left ankle, which is slowly improving with the past injections and the foot orthotics. She continues to complain of sciatica from her low back going down the left leg. Objective findings on exam revealed the patient has a stretch neuritis and positive provocative testing of the superficial peroneal nerve at the anterolateral left ankle. There is pain in the anterior talofibular ligament of the left ankle. There is neuritis from the distal branches of the superficial peroneal nerve at the dorsal aspect of the left foot in the area of the third and fourth metatarsals, and extensor tendonitis in the area of the third and fourth metatarsals. The patient's treatment plan consisted of additional nerve block and injections at the patient's request. The patient was given a nerve block at the superficial peroneal nerve at the anterolateral ankle, at the distal branches of the superficial peroneal nerve at the dorsal left foot, and then injection therapy for the anterolateral left ankle and for the extensor tendons at the dorsal left mid foot in the area of the third and fourth metatarsals. Orthotics was checked and the pelvis appears more leveled with 0.25 inch lift on the left. The patient feels better with it. Comprehensive Report dated 04/01/2013 indicates she is 75% better in her ankles and feet following the previous nerve blocks and injections of 07/01/2013. She would like to have more today. Objective findings on exam revealed the patient has bilateral plantar heel and plantar fascial pain, much better with the foot orthotics. She continues to have pain at the anterolateral ankles and in the area of superficial peroneal nerve, and deep peroneal nerve. There is a positive Tinel's sign and stretch test bilaterally, worse left than right. At patient's request, she is given local nerve blocks and then neurolysis and anti-inflammatory nerve blocks of the superficial peroneal nerve and the deep peroneal nerve of the left foot and ankle. After the patient was numb, I then followed up anti-inflammatory and neurolysis injections for the deep peroneal nerve, anterolateral ankle, anterior talofibular ligament, sinus tarsi, and extensor tendons. The treating provider has requested Morphine Sulfate ER 15mg # 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

MORPHINE SULF ER 15MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG Pain Chapter.

Decision rationale: The documentation indicates the claimant has been treated with opioid therapy with Morphine Sulfate ER. Per California MTUS Guidelines, opioids such as Morphine

are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that she has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient has continued pain despite the chronic use of an opioid medications. Based on the CA MTUS guidelines and criteria as well as the clinical documentation stated above, medical necessity for the requested item has not been established. The requested medication is not medically necessary.