

Case Number:	CM14-0014917		
Date Assigned:	02/28/2014	Date of Injury:	06/12/2004
Decision Date:	07/24/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/06/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 55-year-old female with a 06/12/2004 date of injury, when she was working as a sort of a janitor for a company, she was up on the top of the three step ladder, and she fell and landed on a hard surface. Records indicate that the patient underwent a manipulation of her shoulder under anesthesia on 8/27/13. The surgery did help. The patient completed physical therapy following surgery. 12/ 20/13 medical report identifies the patient complaints were unchanged and managed with the current medication regimen. The medication allowed her to remain functional with activities of daily living. The pain level with medication was 5-6/10 and without medication 9/10. The patient complained of neck pain with radiation to the upper extremities, right upper extremity pain with swelling, complains of dysesthesia, hypesthesia, and paresthesia. There is also shoulder pain, left ankle pain, and low back pain. There were also complaints of depression and difficulty sleeping, headaches when neck pain was increased, urinary incontinence with urgency, and intermittent gastrointestinal upset. The patient had difficulty with activities of daily living due to pain. Exam revealed altered sensation with dysesthesia on the right upper extremity. Decreased lumbar range of motion, inability to do a complete fist, shoulder tenderness with impingement sign, muscle spasm over the cervical spine with decreased range of motion, and swelling noted in the distal right upper extremity. Records also indicate that the patient apparently is taking on morphine sulfate since 2011.

IMR ISSUES, DECISIONS AND RATIONALES

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

MORPHINE SULFATE ER 15MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

Decision rationale: The patient has chronic pain complaints for which morphine sulfate is prescribed. There is appropriate documentation of continued analgesia and continued functional benefit with the use of the medication. However, the medical record does not clearly identify a lack of adverse side effects or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Specifically, it appears that the patient had been on morphine sulfate since 2011 without any evidence of attempts at weaning/tapering or an updated and signed pain contract between the provider and claimant. There was also no indication of medication monitoring measures, such as a urine toxicology test or CURES report. The request is not medically necessary.