

<b>Case Number:</b>	CM14-0122165		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	08/27/2008
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 51-year-old individual was reportedly injured on 8/27/2008. The mechanism of injury was not listed. The most recent progress note, dated 7/1/2014, indicated that there were ongoing complaints of chronic left shoulder pain. The physical examination demonstrated bilateral shoulder and lumbar ranges of motion were restricted by pain in all directions. Shoulder and lumbar provocative maneuvers were positive. Left shoulder impingement signs include Neer's and Hawkin's tests and positive crepitus on adduction of the left shoulder. Nerve root tension signs were negative bilaterally. Muscle stretch reflexes were symmetric bilaterally in all limbs. Muscle strength was 5/5 in all limbs. No recent diagnostic studies were available for review. Previous treatment included right shoulder surgery, medications, and conservative treatment. A request had been made for morphine sulfate ER 60 mg #60 and was not certified in the pre-authorization process on 7/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sulfate (MS) ER 60 mg, #60 - Brand Name:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 75, 78, 93.

**Decision rationale:** The California MTUS Guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from right shoulder postoperative pain; however, there is no documentation of improvement in the pain level or function with the current treatment regimen. In the absence of subjective or objective clinical data, this request is not medically necessary.