

<b>Case Number:</b>	CM14-0179898		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	09/25/2003
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 47 year old male with date of injury 9/25/2003. The mechanism of injury is not stated in the available medical records. The patient has complained of bilateral hand pain, right greater than left, since the date of injury. He has been treated with physical therapy, spinal cord stimulation, nerve blocks and medications. There are no radiographic records included for review. Objective: decreased range of motion in the right shoulder, decreased grip strength of the right hand, flexion contracture of the right hand, decreased and painful range of motion of the right wrist, pain with tenderness to light touch of the right upper extremity. Diagnoses: chronic pain syndrome, chronic regional pain syndrome of the right upper extremity. Treatment plan and request: Morphine ER.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine ER 80mg #35:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 47 year old male has complained of bilateral hand pain, right greater than left, since date of injury 9/25/2003. He has been treated with physical therapy, spinal cord stimulation, nerve blocks and medications to include opioids for at least six months duration. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Morphine ER is not indicated as medically necessary.