

<b>Case Number:</b>	CM14-0038536		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	05/26/2011
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for elbow epicondylitis reportedly associated with an industrial injury of May 26, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; opioid therapy; psychological counseling; unspecified amounts of physical therapy; elbow epicondylectomy and tenolysis surgery of September 6, 2013; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated March 21, 2014, the claims administrator failed to approve a request for immediate-release morphine. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated April 11, 2014, it was acknowledged that the applicant was not working owing to issues associated with chronic regional pain syndrome, depression, anxiety, wrist pain, elbow pain, and attendant loss of sleep. On August 19, 2013, the applicant was given a diagnosis of complex regional pain syndrome of the right arm. Trazodone, MS Contin, immediate-release morphine, and desipramine were prescribed. On September 23, 2013, the applicant again reported unchanged wrist, elbow, and upper extremity pain. The applicant was using trazodone, MS Contin, and immediate-release morphine on this occasion. Medications were renewed, again without any explicit discussion of medication efficacy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine IR 15mg, #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. In the medical records reviewed, there is no recount of any material improvements in function or quantifiable decrements in pain achieved as a result of ongoing morphine immediate-release usage. Therefore, the request is not medically necessary.