

<b>Case Number:</b>	CM14-0069005		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	06/01/2011
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 39 year-old male who reported an injury on 06/01/2011 due to a motor vehicle accident. The injured worker had diagnoses of, chronic cervicgia, predominant left shoulder neuropathic pain, left shoulder osteoarthritis, recurrent myofascial strain, and low back pain. Past treatments have included, pain medication, psychiatric care, physical therapy, and a home exercise program. Diagnostic studies have included an MRI of the left shoulder which was performed on 7/21/2011 and an MRI of the lumbar spine which was performed on 11/26/2013. The injured worker's surgical history included, a left shoulder arthroscopy, subacromial decompression, with a Bankart labral repair on 2/29/2012. The clinical note dated 04/03/2014 noted the injured worker rated his pain at 6/10 with pain medications and 10/10 without pain medications. The injured worker reported increased pain in his shoulder and lower back that was more intense during the day than in the evening. The physician indicated a urine drug screen was performed which was positive for opiates, methodone, tricyclic antidepressants, and oxycodone. The injured worker did not complain of any new side effects. The injured worker reported his quality of sleep was poor due to pain, but his activity level had increased. The physical examination findings included, no signs of intoxication or withdrawal. Medications included, Voltaren 1% gel, Colace, Oxycodone HCL 10mg take one tab three times daily as needed, Senokot-s, Ms Contin Cr 30mg take one tab by mouth twice daily, and trazadone. The treatment plan was for, continuation of medications with the the addition of Morphine Sulfate (MS) Contin 15mg one tab by mouth every morning #30, referral to orthopedic surgeon, psychotherapy, repeat MRI of the lumbar spine, and physical therapy. The rationale for the request for the addition of morphine Sulfate contin 15mg one tab by mouth every morning was to aid in the management of increased pain with a plan to taper oxycodone regimen if MS contin

was increased in the future. The request for authorization was submitted for review and signed on 04/24/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Morphine Sulfate (MS) Contin 15 mg. One Tablet every morning #30 No Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The request for morphine sulfate (MS) contin 15 mg one tablet by mouth every morning #30 is not medically necessary. The injured worker has a history of chronic pain in his shoulder and lower back and has remained on a pain medication regimen that has improved his pain level and function. The California MTUS guidelines state, in regards to ongoing chronic pain management with opioids, a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines recommend monitoring for pain relief, side effects, increased physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The physician indicates the injured worker has been taking his medications as prescribed, has no side effects, and still has pain symptoms on a continuous basis which are alleviated somewhat by his medications. The physician recommended prescribing MS Contin 15mg in the morning given the injured worker's increasing constant level of low back and left shoulder pain. There is a lack of documentation demonstrating the injured worker's prior medication regimen was not providing sufficient relief of pain. There is a lack of current documentation indicating whether the injured worker has been taking 15mg of MS Contin in the morning as well as documentation demonstrating the efficacy of the medication. As such the request is not medically necessary.