

<b>Case Number:</b>	CM14-0076032		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	08/27/2008
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 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 injured worker is a 51 year old right hand dominant male who sustained work-related injuries on August 27, 2008. Per January 14, 2014 records, the injured worker was seen for his chronic left shoulder pain. The pain was aggravated with lifting or driving activities. Urine drug screening results were consistent with his medications. On examination, bilateral shoulder and lumbar spine range of motion was limited by pain in all planes. Bilateral shoulder and lumbar provocative maneuvers were positive. Neer's and Hawkin's tests were positive on the left. Crepitus was noted on adduction of the left shoulder. Records dated February 11, 2014 indicated that his pain level was rated as 7/10 using the visual analogue scale. His physical examination was the same as his prior visit. Per records dated March 11, 2014, the use of morphine sulfate immediate release 30 milligrams provided the injured worker with 50% pain relief and maintenance of activities of daily living such as self-care and dressing. A previous urine drug screen was consistent and is not noted to exhibit aberrant behavior. Per documents from April 15, 2014, the injured had this last dose of morphine sulfate 30 milligrams on the said date. A physical examination remained essentially the same. However, the injured worker was noted to experience pain improvement by 50% as well as in activities of daily living including self-care and dressing. He underwent an in-office random 12-panel urine drug screening. The most recent progress notes dated June 3, 2014 indicate that he is status post right total shoulder arthroplasty surgery on May 13, 2014. The urine drug screening test performed on April 15, 2014 revealed consistent results with medications. It is noted that his medications provided 50% decrease in pain with 50% improvement of his activities of daily living such as self-care and dressing. He was diagnosed with status post right total shoulder arthroplasty surgery on May 13, 2014, right shoulder derangement secondary to overcompensation from left shoulder surgery, left shoulder internal derangement, status post left shoulder total arthroplasty on December 18, 2012, status

post left shoulder joint replacement surgery, chronic left shoulder pain, left shoulder sprain and strain, and depression secondary to industrial shoulder pain.

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

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

**MSIR (Morphine sulfate immediate release) 30mg, quantity 120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-86. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Functional Improvement Measures.

**Decision rationale:** According to evidence-based guidelines, opioids are documented to have limited evidence with regard to chronic usage. In the case of chronic usage, criteria have been provided in order to warrant opioids to be used in the chronic term. Evidence-based guidelines states that for opioids to be used as part of an on-going management: Prescriptions must be from a single practitioner taken as directed and all prescriptions must be from a single pharmacy; the lowest possible dose should be prescribed to improve pain and functionality; there should be an ongoing office review documentation of pain relief, functional status, appropriate medication use, and side effects or the 4 A's for ongoing monitoring (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors), an optional pain diary; use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control, documentation of misuse of medications, continuing review of overall situation with regard to non-opioid means of pain control, and consideration of a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for condition or pain does not improve on opioids in three months. A review of this injured worker's records indicated that he is receiving his prescriptions from his medical provider. The requested medication, morphine sulfate immediate release 30 milligrams, taken four times a day meets the recommended dosing as per evidence-guidelines. Therefore, it also satisfies the above mentioned guidelines. Functional improvement as presented by evidence-based guidelines is not limited only on the measurements made by physical examination findings. It encompasses a decrease in pain levels, an increase in work or activities of daily living, approach to self-care and education. In this case, recent records from January 2014 to June 2014 report that the injured worker's pain level has decreased and provided 50% improvement and maintenance of activities of daily living including self-care and dressing. This satisfies the indicators for functional improvement. Moreover, records do not indicate any adverse effects, drug misuse or aberrant behavior related to drug usage. His urine drug screening report, performed on April 15, 2014, indicated consistent results with the prescribed medications. With the evidences that the injured has met all of the indicators for ongoing management of pain with opioids, the requested morphine sulfate immediate release 30 milligrams #120 are medically necessary. The previous denial reason notes that the injured worker had a recent urine drug screen which was compliant. It also noted that he needs a right shoulder surgery, so functionality is not easy to assess as he has surgical issues in the other arm. It states that there is no indication why the injured worker cannot use morphine sulfate

immediate release 60 milligrams twice a day. The previous denial states that it is the same drug in an equivalent dose with less pills per day for better around the clock coverage. The injured worker will require an opiate of some sort to address both shoulders. Given the above the request is medically necessary.