

<b>Case Number:</b>	CM14-0083879		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	11/07/2003
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 55-year-old gentleman was reportedly injured on November 7, 2003. The most recent progress note, dated March 14, 2014, indicated that there were ongoing complaints of numbness and tingling in the fingers and wrist pain. The physical examination demonstrated tenderness over both carpal tunnels with a positive Phalen's sign and a negative Tinel's sign and Durkan's sign. There was sensory loss in the median nerve distribution bilaterally. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included injections, medications, and a spinal cord stimulator for RSD of the right lower extremity. A request had been made for morphine sublingual tablets and was not certified in the pre-authorization process on May 23, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine sul tab 60mg ER day supply 30 QTY: 90 refills 00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13 of 127.

**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 injured employee has chronic pain; however, there is no documentation of improvement in the pain level or increase in the overall functionality with the current treatment regimen. In the absence of subjective or objective clinical data, this request for morphine sul tablets is not medically necessary.

**Morphine sul tab 30mg day supply 30 QTY: 180 refills 00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13 of 127.

**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 injured employee has chronic pain; however, there is no documentation of improvement in the pain level or increase in the overall functionality with the current treatment regimen. In the absence of subjective or objective clinical data, this request for morphine sul tablets is not medically necessary.