

<b>Case Number:</b>	CM14-0204494		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	09/14/1993
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Rehab, has a subspecialty in Pain Management, 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:

This is a male patient with the date of injury of September 14, 1993. A Utilization Review dated November 26, 2014 recommended modification of MS Contin 30mg #120 to 1 prescription of MS Contin 30mg #30 between 10/31/2014 and 1/24/2015. A Progress Report dated October 29, 2014 identifies History of Present Illness of shoulder pain. The pain radiates to the neck and head. Physical Examination identifies muscle strength is 4/5 bilateral biceps and 4-/5 bilateral triceps and bilateral deltoid. Wrist extensor strength is 4/5 bilaterally, wrist extensor strength is 4/5 bilaterally, key grip strength is right 4-/5 and left 4/5. Decreased cervical and shoulder range of motion. Impingement test is positive bilaterally. Diagnoses identify unspecified disorders bursae and tendons shoulder region, calcifying tendonitis of shoulder, lesion of ulnar nerve, and radial styloid tenosynovitis. Treatment Plan identifies continue medications as previous.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 30mg # 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

**Decision rationale:** Regarding the request for MS Contin (Morphine Sulfate ER), California Pain Medical Treatment Guidelines state that MS Contin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. In light of the above issues, the currently requested MS Contin (Morphine Sulfate ER) is not medically necessary.