

Case Number:	CM15-0100992		
Date Assigned:	06/03/2015	Date of Injury:	04/06/2005
Decision Date:	07/09/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 65 year old female who sustained an industrial injury on 04/06/2005. Mechanism of injury was not documented. Diagnoses include bilateral carpal tunnel syndrome, status-post left carpal tunnel release with minimal pain relief, bilateral upper extremity CRPS, type 2 with Magnetic Resonance Imaging evidence for SS/IS/subscapularis/biceps tendinosis, status-post right shoulder arthroscopy and decompression with minimal improvement, and right lateral epicondylitis. Treatment to date has included diagnostic studies, surgery, medications, physical therapy, and home exercise program. A physician progress note dated 04/16/2015 documents the injured worker rates her pain as 5 out of 10. She has numbness in her hands but declines physical therapy and injections. On examination she has right elbow extension -5 degrees, but can encourage her to move to 0 degrees but this is with pain. Bilateral shoulder forward flexion 90 degrees with pain. There is tenderness to palpation over the right greater than left MCP, PIP, and DIP joints, wrist joints. Both hands have skin changes, right greater than left with rubor. She can continue doing her activities of daily living with the use of her medications. Her medications include Duloxetine, Nortriptyline, Gabapentin, Meloxicam, Voltaren gel, Metformin, Lisinopril, Simvastatin, Glyburide, Protonix Aspirin and HCTZ. The treatment plan includes Duloxetine cap 60 mg Qty 30 with 2 refills, Nortriptyline cap 50 mg Qty 30, continue with home exercise program and follow up appointment in one month. Treatment requested is for Morphine Sulfate tab 15 mg ER (extended release) Qty 45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate tab 15 mg ER (extended release) Qty 45: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine sulfate, Morphine sulfate ER, CR (Avinza; Kadian; MS Contin; Oramorph SR; generic available, except extended release capsules).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Medication Page(s): 75-80.

Decision rationale: Regarding the request for MS Contin (Morphine Sulfate ER), Chronic 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 indication that the medication is improving the patient's function and pain as the provider documented the medication allows the patient to perform basic activities of daily living. The patient has consistent urine drug screen in 9/2014, and the patient has a current pain contract. As such, there is indication for ongoing use of the opioid medication. The currently requested MS Contin (Morphine Sulfate ER) is medically necessary.