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| <b>Case Number:</b>   | CM15-0138508 |                              |            |
| <b>Date Assigned:</b> | 07/28/2015   | <b>Date of Injury:</b>       | 04/03/2000 |
| <b>Decision Date:</b> | 08/27/2015   | <b>UR Denial Date:</b>       | 07/15/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/16/2015 |

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 54-year-old who has filed a claim for chronic neck pain, chronic low back pain, fibromyalgia (FM), and alleged reflex sympathetic dystrophy (RSD) reportedly associated with an industrial injury of April 3, 2000. In a utilization review report dated July 15, 2015, the claims administrator failed to approve a request for extended release morphine. The claims administrator referenced a July 8, 2015 prescription in its determination. The applicant's attorney subsequently appealed. On January 15, 2015, the applicant reported primary complaints of neck and shoulder pain. The applicant had undergone earlier shoulder surgery, it was reported. A cervical epidural steroid injection was sought. The applicant was on oxycodone, Lidoderm, MiraLax, Savella, Amrix, Neurontin, and Kadian, it was reported. At the bottom of the report, the applicant was asked to discontinue Kadian and begin extended release morphine. The note did not incorporate any seeming discussion of medication efficacy. The applicant's work status was not detailed, although it did not appear that the applicant was working. On June 4, 2015, the applicant again reported ongoing complaints of shoulder, neck, and arm pain. The applicant reported dropping items secondary to pain and/or weakness. Ancillary complaints of muscle spasms were reported. The applicant was on oxycodone, Neurontin, Amrix, Savella, Lidoderm, oxycodone, and MS Contin, it was reported. Cervical MRI imaging and cervical epidural steroid injection therapy were sought. Multiple medications were renewed. Once again, the applicant's work status was not detailed. The attending provider stated that the applicant's pain complaints were interfering with her ability to perform activities of daily living. No seeming discussion of medication efficacy transpired.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sulfate 15mg #90. prescribed 07/08/2015:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Morphine Sulfate, Opioids, Criteria for Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for morphine sulfate, an opioid agent, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not reported on June 4, 2015. No seeming discussion of medication efficacy transpired. The attending provider stated that the applicant was having difficulty performing activities of daily living secondary to ongoing pain complaints. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with morphine. Therefore, the request was not medically necessary.