

<b>Case Number:</b>	CM15-0139252		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	02/05/2001
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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, Florida, 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 injured worker is a 60 year old male with an industrial injury dated 02/05/2001. The injured worker was a former painter with a substantial repeated exposure to paint spray aerosols. In 2001 while working he developed facial swelling, dyspnea and bronchospasm. Prior treatment included medications, cardiac referral and treatment, CPAP and pulmonology referral and treatment. He was on blood thinner. His diagnoses included dermatitis atrial fibrillation, hypertension, non-insulin dependent diabetes mellitus, cardiomyopathy, pulmonary hypertension and asthma with chronic obstructive pulmonary disease. He presents on 06/22/2015 with complaints of whole body epoxy burns which occurred during his working years as a painter. He notes frequent itching and burning sensation. There was no weight loss or exudates. Light treatments had been helping. He notes analgesia works fairly well on less active days. He rated his current pain level with pain medication 3 and without pain medication 8-9/10. Objective findings included dry skin of trunk and extremities primarily with silvery scaly rash on extensor surfaces of elbows. Multiple patches of dry scaly plaques were noted on abdomen and back. The provider notes no adverse effects to medications and no aberrant drug taking behaviors. The treatment request for PT/INR home testing machine was authorized. The treatment request for review is for MS (morphine sulfate) Contin 15 mg quantity 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS (morphine sulfate) Contin 15 mg Qty 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R Page(s): 79, 80 and 88 of 127.

**Decision rationale:** This claimant was injured in 2001 with pain fume inhalation. Prior treatment included medications, cardiac referral and treatment, continuous positive airway pressure (CPAP) and pulmonology referral and treatment. He was on blood thinners. His diagnoses included dermatitis atrial fibrillation, hypertension, non-insulin dependent diabetes mellitus, cardiomyopathy, pulmonary hypertension and asthma with chronic obstructive pulmonary disease. As of 14 years later, he has complaints of whole body epoxy burns which allegedly occurred during his working years as a painter. He notes frequent itching and burning sensation. No pain complaints are noted. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. Moreover, opiates are not used for itching. The request for the opiate usage is not medically necessary per MTUS guideline review.