

<b>Case Number:</b>	CM15-0142758		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	02/15/1999
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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: Massachusetts

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 75 year old male, who sustained an industrial injury on 2-15-1999, while employed as a firefighter. The injured worker was diagnosed as having cervical post-laminectomy syndrome, degeneration of cervical intervertebral disc, brachial neuritis or radiculitis, not otherwise specified, pain in joint involving shoulder region, and disorders of bursae and tendons in shoulder region, unspecified. Treatment to date has included diagnostics, cervical spine surgeries (most recent 9-18-2014-C6-7 fusion), physical therapy, psychiatry treatment, and medications. Currently (7-09-2015), the injured worker reported doing better and trying to titrate off of pain medication. He was taking MSIR 15mg three times daily. He no longer grimaced and jerked with pain when he moved and he appeared in much less pain, had improved range of motion, and appeared more relaxed. Urine toxicology was positive for opiates, benzodiazepines, and TCA. He rated pain at 2-5 out of 10. He was retired. The treatment plan included Morphine Sulfate 15mg every 4-6 hours as needed for severe pain. A psychiatry progress note (7-09-2015) noted that his pain was increased as his pain medication was tapered. He found psychiatric medications helpful for his sleep disturbance, depression, and anxiety. A prior progress report (11-20-2014) noted similar complaints and objective findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sulfate 15mg quantity 145:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications, p124.

**Decision rationale:** The claimant has a remote history of a work injury occurring in February 1999 and continues to be treated for chronic neck pain. When seen, he was doing better and trying to titrate down his use of opioid medications. There had been significant improvement after cervical spine fusion surgery in September 2014. He was taking MSIR 15 mg three times per day. Physical examination findings included improved cervical spine range of motion. There was paraspinal muscle tenderness. There was decreased shoulder range of motion with positive impingement testing. There was decreased and painful lumbar spine range of motion with paraspinal muscle tenderness. In this case, the claimant was successfully decreasing his use of opioid medication. However, the quantity prescribed is not consistent with the amount being used. He been able to decrease the number of doses to three times per day. However, his previous prescription was only decreased from #150 to #145. A continued taper would have required a quantity of less than #90. Therefore, the request that was submitted was not appropriate or medically necessary.