

<b>Case Number:</b>	CM15-0182123		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	02/24/2011
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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: 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 55 year old female, who sustained an industrial injury on 2-24-11. The documentation on 7-31-15 noted that the injured worker has complaints of pain in the right hand and up the right upper extremity and her pain is worse with grasping and lifting using the right arm and having difficulty with twisting movements with the hand. The injured worker reports having pain in the right shoulder and her low back was also hurting. The injured worker states that using the morphine for the past month and it does relieve her pain that it brings her pain from 10 out of 10 on visual analog scale down to a 6 out of 10. Range of motion of the right shoulder is limited in abduction at 90 degrees, forward flexion at 75 degrees, internal rotation at 45 degrees and external rotation at 60 degrees and the right acromioclavicular joint is tender to palpation and the injured worker has a positive cross arm test. Magnetic resonance imaging (MRI) of the right hand on 5-23-11 showed thickened second and third metacarpophalangeal joint capsules suggesting fibrosis from prior trauma and minimal soft tissue edema.

Electromyography of the bilateral upper extremities on 1-24-12 showed evidence for right median neuropathy at wrist consistent with right carpal tunnel syndrome. Bilateral upper extremity electromyography on 12-11-13 showed this is an abnormal electromyography study of right upper extremities. The diagnoses have included dystrophy reflex sympath; carpal tunnel syndrome and adhesive capsulit shoulder. Treatment to date has included therapy; injection to the shoulder. The injured workers current medications include Lyrica; Norco; lidocaine; morphine sulfate; aspirin; carvedilol; clopidogrel; Lisinopril; metformin; nitrostat; simvastatin; Lipitor and sertraline. The original utilization review (8-21-15) modified the request for

morphine sulfate ER 15mg tablet SIG, 1 tablet twice a day, may take 1 three times a day as needed, quantity 75.00 using twice a day with occasional three times a day to morphine sulfate ER 15mg tablet SIG, 1 tablet twice a day, may take 1 three times a day as needed, quantity 65.00 using twice a day with occasional three times a day.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Morphine sulfate ER 15mg tablet SIG: 1 tablet twice a day, may take 1 tid as needed, QTY 75.00 using bid with occasional tid:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

**Decision rationale:** The claimant sustained a work injury in February 2011 and continues to be treated for right extremity pain. In February 2015, she was taking Norco, which was providing 30-40% pain relief. In June 2015, medications were decreasing pain from 10/10 to 5/10. She had not been authorized for Norco. Extended release morphine was prescribed. The average daily MED (morphine equivalent dose) was increased from 30 mg per day to 37.5 mg per day. When seen on 07/31/15 she was having ongoing pain. She had been taking morphine and reported it as decreasing her pain from 10/10 to 6/10. Physical examination findings included moderate obesity. She was in pain and was fearful. There was decreased right upper extremity strength. She had decreased right shoulder range of motion with acromioclavicular joint tenderness and positive Cross arm test. Morphine was continued. The assessment references improvement but the claimant had ongoing difficulty with use of her right hand for any activities. Extended release morphine is used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain in comparison with her other medications despite an increase in MED as her pain has increased from 5/10 to 6/10 since it was prescribed in June 2015. It is not proving an improved ability to function. Continued prescribing is not medically necessary.