

Case Number:	CM15-0197600		
Date Assigned:	10/14/2015	Date of Injury:	07/03/1998
Decision Date:	11/20/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/07/2015

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 64 year old female who sustained an industrial injury on 7-3-98. She is temporarily totally disabled. The medical records indicate that the injured worker is being treated for degenerative cervical and lumbar disc disease with degenerative spondylolisthesis at L4-5; chronic cervicgia; chronic back pain; lumbar degenerative disc disease; bilateral shoulder impingement syndrome; bilateral carpal tunnel syndrome; left wrist sprain; left trochanteric bursitis; left knee internal derangement; depression; anxiety; chronic pain syndrome; insomnia; posttraumatic migraine headaches; chronic left plantar fasciitis; chronic gastritis and reduced gastrointestinal motility. She currently (8-10-15) complains of chronic neck, back, shoulders, wrists, hands and left knee pain; intermittent migraine headaches; left foot pain. On physical exam of the shoulders there was decreased range of motion; elbows revealed tenderness to palpation at the lateral epicondyle of the right elbow; left wrist reveals positive Tinel's, Phalen's and wrist compression testing; hand had slight decreased range of motion and tenderness; there was tenderness to palpation of the cervical spine; tenderness in the upper thoracic spine; tenderness to palpation of the lumbar spine over the incision; there was hip, knee feet and ankle tenderness. She is able to perform activities of daily living with pain medications and notes a 30-40% (8-10-15 down from 2-12-15 where she had a 50%) reduction in pain with her medications. She is able to walk for 30 minutes with pain medication and without medication less than 15 minutes. Her pain level with medication is 3-4 out of 10 and without medication is 8 out of 10 (3-12-15) and this was consistent from 2-12-15 through 8-10-15. "The patient has signed a pain contract and has not exhibited any aberrant behaviors regarding her medications" (per 3-12-15

note). She has undergone numerous MRI's of the lumbar spine, thoracic spine, cervical spine; computed tomography of the lumbar spine; x-rays of the lumbar spine. She has been treated with psychiatric counseling; injections of the neck and back that were somewhat helpful; status post lumbar decompression (9-2011); status post shoulder surgery; medications: MS Contin (since at least 8-27-13), Reglan, Zomig, Flexeril, Colace, Prilosec, Senna, Wellbutrin, Provigil, trazadone, Abilify, Prozac, Morphine sulfate was prescribed since 2-12-15 per note; physical therapy (8 sessions). The request for authorization dated 8-31-15 was for Morphine Sulfate 30mg #120. On 9-4-15 Utilization Review non-certified the request for morphine sulfate 30mg #120 modified to #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate 30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

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

Decision rationale: The claimant has a remote history of a work injury occurring in July 1998 when she was slapped on her back by a client. She underwent a multilevel lumbar laminectomy and fusion in September 2011. She continues to be treated for chronic neck, back, shoulder, wrist, hand, and left knee pain. She has intermittent migraine headaches. When seen, medications included MS Contin and MSIR at a total MED (morphine equivalent dose) of 240 mg per day. Medication weaning had been done in March 2015 with a decrease from 300 mg per day. Medications are referenced as decreasing pain from 8/10 to 5/10. Physical examination findings included decreased shoulder range of motion. There was right lateral elbow tenderness. Left Tinel, Phalen's, and wrist compression tests were positive. There was third and fourth metacarpal phalangeal joint tenderness bilaterally. There was decreased finger flexion. There was tenderness throughout the spine with decreased cervical range of motion. There was tenderness posterior to the right greater trochanter. She had left knee swelling with joint line and peripatellar tenderness. There was slightly decreased knee range of motion. She had left foot plantar fascia tenderness. There was decreased shoulder strength and she had pain with lower extremity muscle testing. There was decreased left upper extremity sensation. Her medications were continued at the same doses. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is 2.5 times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level, and continued weaning of the currently prescribed medications is not being actively done. Ongoing prescribing at this dose is not considered medically necessary.