

<b>Case Number:</b>	CM15-0197662		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	06/10/2003
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 54 year old female, who sustained an industrial injury on 6-10-03. Medical records indicate that the injured worker is undergoing treatment for bilateral wrist and hand tendinitis, bilateral carpal tunnel syndrome, bilateral shoulder strain, left shoulder impairment, thoracolumbar strain, chronic pain, insomnia, depression and intermittent gastrointestinal upset. The injured worker was noted to be permanent and stationary. The injured workers current work status was not identified. On (7-3-15) the injured worker complained of bilateral wrist and hand pain, bilateral shoulder pain, mid and low back pain, insomnia and stomach upset. Examination of the bilateral shoulders revealed mild tenderness of the acromioclavicular joint bilaterally, decreased range of motion bilaterally and a positive impingement sign on the left. Examination of the lumbar spine revealed slight lower lumbar tenderness and muscle spasms. Range of motion was decreased. A straight leg raise test was positive bilaterally. The thoracic spine examination revealed moderate tenderness and spasm. Examination of the wrists and hands revealed tenderness and a normal range of motion bilaterally. A Phalen's' sign was positive bilaterally. Treatment and evaluation to date has included medications, MRI of the left shoulder, psychiatric assessments and a home exercise program. Current medications include Soma, Norco, Prilosec, Xanax and Morphine Sulfate IR (since at least July of 2015). A progress report (7-3-15) notes that the injured workers pain medications decrease her pain by 30-50 percent. The current treatment request is for Morphine Sulfate IR 15 mg # 20 with no refills. The Utilization Review documentation dated 9-15-15 non- certified the request for Morphine Sulfate IR 15 mg # 20 with no refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine sulfate IR 15mg #20:** Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, and Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, demonstration of urine toxicology compliance or increase in activity from the exam note of 7/3/15. Therefore, the determination is not medically necessary.