

<b>Case Number:</b>	CM15-0021631		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	07/25/2007
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 44-year-old female, with a reported date of injury of 07/27/2007. The diagnoses include shoulder joint pain and left shoulder rotator cuff tear. Treatments have included oral pain medication, topical pain medication, left rotator cuff repair, and an H-wave unit. The progress report dated 01/30/2015 indicates that the injured worker had chronic upper extremity pain at the left shoulder. It was noted that her medications have been effective for pain relief. The objective findings include weakness of the muscles of the left rotator cuff, a positive drop arm test, and positive Tinel at bilateral carpal tunnel, and normal motor examination. The treating physician requested Morphine Sulfate 15mg #90. The rationale for the request was not indicated. On 02/04/2015, Utilization Review (UR) denied the request for Morphine Sulfate 15mg #90 and the retrospective request for Morphine Sulfate 15mg #90 (date of service: 01/27/2015). The UR physician noted that there was no documentation of an updated signed pain contract, a current urine drug screen, a risk assessment profile, and attempt at weaning/tapering. The MTUS Chronic Pain Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Morphine Sulfate 15mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73-85.

**Decision rationale:** Guidelines recommend monitoring opioid use be monitored through assessment of efficacy, improvement of functionality, attempt to wean/taper medication, updated and signed contract by the patient regarding opioid use, and current risk assessment including drug testing. In this case, the patient continues to have chronic pain and the patient has signed an opioid pain contract. However, documentation lacks a current urine drug screen, risk assessment profile and also shows no attempt at weaning. Since guidelines were not followed, retrospective Morphine 15mg #90 is not medically necessary and appropriate.

**Morphine Sulfate 15mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73-89.

**Decision rationale:** Guidelines recommend monitoring opioid use be monitored through assessment of efficacy, improvement of functionality, attempt to wean/taper medication, updated and signed contract, and current risk assessment including drug testing. In this case, the patient continues to have chronic pain and the patient has signed an opioid pain contract. However, documentation lacks a current urine drug screen, risk assessment profile and attempt at weaning. Since guidelines were not followed, Morphine 15mg #90 is not medically necessary and appropriate.