

<b>Case Number:</b>	CM15-0027177		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	05/14/2009
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 43 year old female, who sustained an industrial injury on 5/14/09. She has reported pain in the neck and right hand related to a crushing injury. The diagnoses have included causalgia of upper limb and depression. Treatment to date has included psychiatric treatments, physical therapy and oral medications. As of the PR2 dated 12/2/14, the injured worker reports severe 8/10 pain in her right arm and hand. The treating physician performed an intramuscular Morphine 10mg injection to reduce pain flare-ups. On 1/22/15 Utilization Review non-certified a request for a Morphine 10mg injection given on 12/2/14. The utilization review physician cited the MTUS guidelines and medical necessity. On 2/12/15, the injured worker submitted an application for IMR for review of a Morphine 10mg injection given on 12/2/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine injection 10mg administered QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with pain in the right arm and the right hand, rated 8/10. The request is for MORPHINE INJECTION 10 MG ADMINISTERED QTY 1. Per 10/22/14 progress report, patient has contracture of the right hand. Patient's treatments have included stellate ganglion block injections, occupational therapy and one morphine injection on 12/02/14. Patient's diagnosis per 01/26/15 progress report includes CRPS secondary to right wrist strain. Per 10/22/14 progress report, patient's medications include Norco and Nucynta. Patient's work status was not specified. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p58 discusses flare-up's and chiro treatments recommending 1-2 sessions if the patient is working. In this case, 12/02/14 progress report, treater states, "IM injection was given today using morphine 10 mg to reduce pain due to flare-ups." There is lack of support for the use of IM morphine for flare-up's While the guidelines do not specifically discuss flare-up's, chiro treatments are recommended for flare-up's for 1-2 sessions per MTUS. None of the guidelines discuss using IM opioid to address flare-up of low back pain. The request IS NOT medically necessary.