

Case Number:	CM15-0216002		
Date Assigned:	11/05/2015	Date of Injury:	08/28/1997
Decision Date:	12/21/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/02/2015

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 71-year-old female who sustained an industrial injury on 8-28-1997 and has been treated for brachial plexopathy post-trauma, and, she is noted to be "post-surgery on the left and right" with post-operative "significant" scarring on the left in the sternocleidomastoid muscle. On 9-29-2015, the injured worker reported pain in both clavicles with the left being worse. She described the pain as intermittent, dull and sometimes sharp, and she has been feeling muscle spasms in her neck and left clavicle. Pain is increased with flexion, extension, activity, and movement of her head both right and left. She reports that there has been an increase in pain in her neck, left clavicle and both upper extremities, with increased neck spasms. Without medication, she reported that pain has been 10 out of 10, but with medication, it goes down to 2 out of 10. It is noted that pain medication is allowing her to remain mobile and functional. She has been using Kadian, Celexa, Neuropath-B tablet, and Maxitrol ointment. Objective findings include cervical and lumbar "abnormal" for palpation and tenderness; positive bilateral straight leg raises; decreased strength in bilateral upper extremities; and, decreased sensation to light touch in the bilateral upper extremities. Documented treatment includes ice, heat, home exercise and medication. The treating physician's plan of care includes Morphine Sulfate ER 15 mg, 1 by mouth every 12 hours. The note states there are no signs of aberrant behaviors or abuse with previous medication, urine drug tests and CURES reports have been "appropriate," and there have been no side effects. This was non-certified on 10-27-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate 15mg #60: Overturned

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

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 cumulative trauma work injury with date of injury in August 1997 and is being treated for chronic upper extremity pain. She has a history of brachial plexus surgery with complication on the left side. When seen in October 2015, medications were decreasing pain from 10/10 to 2/10. There had been improvement after a trigger point injection in July 2014. She was having increasing muscle spasms in her neck and was requesting interventional therapy. Physical examination findings included scarring and tightness of the sternocleidomastoid. There was cervical tenderness with decreased range of motion. There was decreased lumbar range of motion with positive straight leg raising. There was decreased lower extremity strength. Her body mass index was over 31. Extended release morphine was prescribed at a total MED (morphine equivalent dose) of 30 mg per day. Current medications are listed and include Kadian 10 mg Q12 hours as needed for pain. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Extended release morphine is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain. The total MED is less than 120 mg per day consistent with guideline recommendations. Current medications need to be clarified as Kadian appears to be listed in error. Ongoing prescribing of extended release morphine is medically necessary.