

<b>Case Number:</b>	CM15-0222028		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	02/09/2006
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	11/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This is a 59-year-old male with a date of industrial injury 2-9-2006. The medical records indicated the injured worker (IW) was treated for brachial plexus disorders; complex regional pain syndrome I of unspecified upper limb; cervicalgia; muscle wasting and atrophy, not elsewhere classified, unspecified site; and unspecified abdominal pain. In the progress notes (8-27-15, 9-24-15 and 10-22-15), the IW reported his right shoulder had been stiff and sore. He rated the pain 6 out of 10 with medications and 8 out of 10 without them. He reported he had been writing better with his right hand. He denied side effects of medications and stated he was able to function better with walking, sitting, standing and home tasks with medications versus without them. Medications included Baclofen, Clonidine, Effexor XR, Lidoderm 5% topical film, Lyrica, Morphine (since at least 4-2015), Norco and Omeprazole. On examination (8-27-15, 9-24-15 and 10-22-15 notes), grip strength was 30% of normal on the right and 5 out of 5 on the left. Reflexes were 2+ in the bilateral biceps and triceps, but 0+ in the right brachioradialis and 1+ on the left. There was ongoing intrinsic muscle loss in both hands and moderate allodynia in the upper extremities. The right hand showed severe atrophy of the thenar and hypothenar eminences. The right third digit was in a fixed position of 90 degrees between flexion of distal and proximal interphalangeal joints. Impingement sign was positive on the right shoulder. Sensation was reduced and there was pain over the right deltoid, triceps and most of the posterior forearm. He also had diffusely decreased bowel sounds, diffuse abdominal tenderness and mild rebound in all four quadrants. Treatments included chiropractic care, medications. The IW was 'permanent and stationary'. The urine drug test on 7-25-15 was not consistent with prescribed medications, due to the presence of Amitriptyline, but the provider

noted it was "consistent". The most recent records reviewed showed pain scores consistently 6 out of 10 regardless of the pain medications. A Request for Authorization was received for Morphine 30mg-12hr, 1 tablet three times daily (1 month), #90. The Utilization Review on 11-4-15 non-certified the request for Morphine 30mg-12hr, 1 tablet three times daily 9 1 month), #90.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Morphine 30mg/12hr, 1 tablet po TID x 1 month #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

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

**Decision rationale:** This claimant was injured 9 years ago. Although the patient rated the pain as 6 out of 10 with medicine, and 8 out of 10 without it, a review of the actual records note scores of 6 consistently over time. There was an inconsistent drug test as well. Objective function improvements and return to work are not noted out of the opiate regimen. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids (a) If the patient has returned to work (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not certified per MTUS guideline review.