

Case Number:	CM14-0160281		
Date Assigned:	10/03/2014	Date of Injury:	07/31/2003
Decision Date:	11/04/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/29/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 59-year-old female with a reported injury on 07/31/2003. The mechanism of injury was not provided. The injured worker's diagnoses included status post C3-4 and C4-5 anterior cervical fusion with residual neck and arm pain, status post left shoulder arthroscopic surgery for impingement, history of right shoulder sprain/strain with persistent symptoms, bilateral carpal tunnel syndrome, lumbar sprain/strain with multilevel lumbar degenerative disc disease and multilevel lumbar facet hypertrophy. The injured worker's past treatments included medications and acupuncture. The injured worker's diagnostic testing included an MRI of the lumbar spine on 06/27/2012 which revealed mild disc disease at L2-3 without evidence of central canal or neural foraminal stenosis and mild right neural foraminal stenosis at L4-5. The injured worker's surgical history included an anterior cervical discectomy and fusion at C3-5. The injured worker also had a right C6-7 radiofrequency neurotomy on 02/22/2012. The injured worker had a prior shoulder arthroscopy that is unspecified. The injured worker was evaluated on 08/27/2014 for complex pain management. She indicated her left shoulder pain had gotten significantly worse since the previous visit and caused a significant restriction to range of motion. The injured worker also complained of neck pain with headaches and reported low back pain. She noted a 40% to 50% improvement in pain and function with her current medication regimen. She noted improved ability to participate in activities of daily living such as shopping for groceries, cooking, light housekeeping, and household chores. Without medication, her overall function has decreased significantly and she was restricted to a much more sedentary lifestyle. No evidence of drug seeking behavior was noted. Urine drug screen on 06/02/2014 demonstrated evidence of compliance with prescribed medications. The clinician observed and reported bilateral cervical paraspinous tenderness with 50% restriction in range of

motion and a positive Spurling's. The upper extremity exam revealed global weakness with a negative Hoffmann's. Examination of the left shoulder revealed a positive impingement sign with tenderness over the acromioclavicular joint. She had 50% restriction in range of motion with flexion and abduction. The lumbar spine examination revealed bilateral lumbar paraspinous tenderness. Pain was aggravated with extension and rotation bilaterally. She had 1+ muscle spasms present. The lumbar spine range of motion was measured at 40 degrees of flexion, 10 degrees of extension with pain, 10 degrees of right lateral flexion and left lateral flexion. The straight leg raise was positive on the right at 45 degrees. The treatment plan was to continue Norco 10/325 mg limited to 6 per day for breakthrough pain, continue trazodone 100 mg at bedtime for neuropathic pain in the right lower extremity, and to continue Zanaflex 4 mg at bedtime as a muscle relaxant. Requests for authorization was submitted for a left shoulder subacromial joint injection with local anesthetic and steroid with a trial of extended release morphine 15 mg 1 every 12 hours for baseline pain relief. The injured worker was having a significant increase in pain; hopefully, this would reduce her baseline pain control. The injured worker's current medications were noted to be Norco 10/325 mg, Zanaflex 4 mg, and Trazodone 100 mg. The request is for morphine 15 mg. The rationale was for the treatment of lumbar spine sprain/strain. The Request for Authorization form was submitted on 09/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine 15 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids, When to Continue Opioids, Opioids for.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oral morphine, page(s) 96 & Opioids, specific drug list, pages 91-93 & Opioids for chronic pain,.

Decision rationale: The request for morphine 15 mg is not medically necessary. The injured worker continued to complain of pain. The California MTUS Chronic Pain Guidelines do not recommend oral morphine as a primary treatment for persistent pain. The use of opioid analgesics for chronic non cancer pain is controversial. One randomized controlled trial found that oral morphine may confer analgesic benefit with a low risk of addiction but is unlikely to yield psychological or functional improvement. The guidelines also state that opioids for chronic back pain appear to be efficacious but limited for short term pain relief, and long term efficacy greater than 16 weeks is unclear, but also appears limited. On 08/27/2014, the injured worker rated her pain as 5/10 to 6/10 with the use of medication and without medication, pain levels would be elevated to 10/10. The injured worker noted a 40% to 50% improvement in pain and function with current regimen. She also reported increased functional improvement regarding activities of daily living. Based on the proven benefits with regards to her current medication schedule, the request fails to meet the evidence based guidelines for the requested service. Additionally, the request did not include a frequency of dosing. Therefore, the request for Morphine 15 mg #60 is not medically necessary.