

<b>Case Number:</b>	CM14-0211109		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	02/22/2003
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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 & Rehabn

### 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 patient is a 61 year old female with an injury date of 02/22/03. Based on 10/23/14 progress report, the patient complains of neck pain that radiates to the left arm and occasionally to the right. She also experiences numbness and tingling in the left hand and spasms in the left shoulder. The strong, aching pain is rated at 6/10. The pain is aggravated by movement and activity and alleviated by rest, heat and cold compress, medications, and home exercises. In progress report dated 10/08/14, the patient complains of episodes of twitching in her bilateral legs and arms, and abdominal cramps with nausea. Medications, as per progress report dated 10/23/14, include Docusate-senna, Flexeril, Kadian, Nasonex, Norco, vitamin D, Omega 3, vitamin B-12, vitamin C, Prozac, Ranitidine and Xanax. MRI of the Cervical Spine, 03/05/13, as per AME report dated 10/02/14: Possible intervertebral foraminal stenosis at left L4-5. Diagnoses, 10/23/14: -Myofascial pain syndrome -Degeneration of cervical intervertebral disc -Cervical spondylosis without myelopathy. The treater is requesting for MORPHINE SULFATE 20 mg ER # 90. The utilization review determination being challenged is dated 12/02/14. Treatment reports were provided from 05/30/14 - 10/23/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine sulfate 20mg ER QTY #90:** Upheld

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

**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 complains of neck pain that radiates to the left arm and occasionally to the right, as per progress report dated 10/23/14. The request is for MORPHINE SULFATE 20 mg ER # 90. She also experiences numbness and tingling in the left hand and spasms in the left shoulder. The strong, aching pain is rated at 6/10, as per the same progress report. 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. In this case, the patient has been using Kadian (morphine sulfate) since 03/28/11, as per progress report dated 06/27/14. The progress reports indicate that the patient is in stable condition on current medication regimen. "The patient is able to function at a higher level than if they were off the current regimen," the reports say. The impact is especially seen in activities of daily living, as per the treater. A urine drug screen dated 09/24/14, as per progress report dated 10/08/14, is within normal limits. As per progress report dated 10/23/14, the patient was out of her Kadian for 2-3 weeks prior to the appointment which had a negative impact on her well-being. However, the treater does not discuss a specific change in pain scale or specific impact on activities of daily living to show significant improvement. Only general statements are provided. There is no discussion about side effects and aberrant behavior. The four As, including analgesia, specific ADL's, adverse reactions, and aberrant behavior, are not specifically addressed. The request IS NOT medically necessary.