

Case Number:	CM14-0056818		
Date Assigned:	07/09/2014	Date of Injury:	10/30/2000
Decision Date:	05/28/2015	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/28/2014

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: Texas, New York, 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:

The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck, shoulder, hand, and wrist pain reportedly associated with an industrial injury of October 30, 2000. In a utilization review report dated April 15, 2014, the claims administrator failed to approve a request for morphine sulfate with three refills. The claims administrator referenced an April 7, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On April 13, 2015, the applicant reported ongoing complaints of shoulder and neck pain, 6-7/10. The applicant's medication list included Relafen, senna, Zofran, tramadol, Butrans, Catapres, Valium, and Desyrel. The applicant was using a wrist brace. The applicant was continuing buprenorphine, tramadol, and Desyrel. The applicant's work status was not furnished, although it did not appear that the applicant was working. On March 27, 2015, the applicant again reported ongoing complaints of neck and shoulder pain. The attending provider stated that the applicant's medications were beneficial but did not elaborate further. The applicant's medication list included Desyrel, Valium, Catapres, tramadol, buprenorphine, Zofran, senna, and Relafen, it was stated. Once again, the applicant's work status was not furnished, although it did not appear that the applicant was working. On August 6, 2014, the applicant was asked to pursue a carpal tunnel release surgery. Morphine and OxyContin were apparently discontinued, it was reported on that date. On February 17, 2014, the applicant reported ongoing complaints of upper extremity pain and paresthesias. The applicant's medication list included morphine, OxyContin, tramadol, and Valium. Electrodiagnostic testing was performed and did apparently demonstrate moderate bilateral carpal tunnel syndrome. No

discussion of medication efficacy transpired. On February 18, 2014, the applicant reported 7/10 neck and upper extremity pain. The applicant's medication list included Norflex, Elavil, oxycodone, Relafen, Reglan, Restoril, morphine, and tramadol. The applicant's BMI was 27. The applicant was given an injection of Toradol. An average pain score of 7/10 was reported. The applicant was placed off of work, on total temporary disability, for 45 days, it was stated toward the top of the report. The applicant was given a shot of Toradol owing to a reported flare in pain. The attending provider stated that the applicant's medications were beneficial but declined to elaborate further.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Morphine Sulfate 15mg #45 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for morphine sulfate, an opioid agent, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was off of work, as suggested on the February 18, 2014 progress note at issue. The applicant continued to report 7/10 pain complaints on that date. The attending provider failed to outline any meaningful or material improvements in function (if any) effected as a result of ongoing morphine usage. Therefore, the request is not medically necessary.