

<b>Case Number:</b>	CM15-0067944		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	08/17/2009
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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: California

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 42 year old male, who sustained an industrial injury on 8/17/09. He reported left shoulder injury. The injured worker was diagnosed as having dysthymic disorder, congenital spondylosis of lumbosacral region, lumbar radiculopathy, lumbar degenerative disc disease, non-cardiac chest pain, bilateral shoulder pain, chronic pain syndrome and left shoulder pain. Treatment to date has included oral medications including opioids, chiropractic treatment, activity restrictions and physical therapy. Currently, the injured worker complains of stabbing low back, left shoulder and left flank/rib pain 6-7/10 with medications and 8-9/10 without medications. The injured worker states his medications are helpful, would like to switch back to morphine sulfate for severe pain as he is paying out of pocket and it is less expensive. Physical exam noted tenderness over the lumbar paraspinal and pain with range of motion; tenderness is also noted of lateral left ribs and decreased range of motion of left shoulder. The treatment plan included medication management with morphine sulfate and continuation of previous medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine 30 mg po TID #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80; 80-81; 82; 86-87; 124. Decision based on Non-MTUS Citation ACOEM, Second Edition, 2004, as referenced by the MTUS, Chapter 6, page 115.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**Decision rationale:** With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did adequately document monitoring of the four domains. Improvement in function was noted with respect to ADL activities. Reduction in pain scores with medication usage was noted. This was documented in a note from 10/9/14. Furthermore, urine toxicology testing was done 11/17/14 and was noted to be consistent with prescribed medications. No side effects are noted. Given this, this request is medically necessary.