

<b>Case Number:</b>	CM15-0074546		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	08/20/2010
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Emergency 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 injured worker was a 61 year old female, who sustained an industrial injury, August 20, 2010. The injured worker previously received the following treatments Ambien, Benzotropine, Ibuprofen, Lidoderm Patches, Morphine Sulfate ER, Norco, Omeprazole, Valium, Zanaflex, right shoulder MRI, H-wave therapy, physical therapy and acupuncture. The injured worker was diagnosed with adhesive capsulitis of the shoulder, depressive disorder, lumbago and thoracic or lumbosacral neuritis or radiculitis and disorder of the bursa and tendon of the shoulder region. According to progress note of March 6, 2015, the injured workers chief complaint was sharp stabbing pain in the right arm with elevation and abduction. The pain continued to disrupt the injured workers sleep. The injured worker rated the pain at 4-5 out of 10 with pain medication and 9 out of 10 without pain medication; 0 being no pain and 10 being the worse pain. The physical exam noted the right shoulder with limited range of motion. There was severe anterior, posterior and later tenderness along with AC and deltoid tenderness with palpation. The neurological exam noted right grip strength 2 out of 5 and right upper extremity at 2 out of 5. The treatment plan included a prescription renewal for Morphine sulfate ER.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine sulfate 15mg ER #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

**Decision rationale:** The requested Morphine sulfate 15mg ER #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has sharp stabbing pain in the right arm with elevation and abduction. The pain continued to disrupt the injured workers sleep. The injured worker rated the pain at 4-5 out of 10 with pain medication and 9 out of 10 without pain medication; 0 being no pain and 10 being the worse pain. The physical exam noted the right shoulder with limited range of motion. There was severe anterior, posterior and later tenderness along with AC and deltoid tenderness with palpation. The neurological exam noted right grip strength 2 out of 5 and right upper extremity at 2 out of 5. The treating physician has not documented duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Morphine sulfate 15mg ER #90 is not medically necessary.