

<b>Case Number:</b>	CM15-0094043		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	01/22/1998
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 is a 60 year old female, who sustained an industrial injury on 1/22/98. She reported initial complaints of neck and left shoulder. The injured worker was diagnosed as having cervicalgia-myalgia and myositis, unspecified; pain in joint involving shoulder region. Treatment to date has included physical therapy; urine drug screening; medications. Currently, the PR-2 notes dated 4/28/15 indicated the injured worker complains of neck and shoulder pain. The clinical history notes an industrial injury resulting in multilevel cervical degenerative disc disease, headaches, left shoulder partial thickness rotator cuff tear, and status post arthroscopic decompression in 2005 with a revision in 2008. The documentation notes Norco continues to help with pain but she has not seen an improvement with PM or evening pain. Her sleep is reported as still poor and she is unable to cope with pain during the day for lack of sleep. She is tearful on this visit today. She is waiting on possible shoulder surgery and has been having an increase in pain with less sleep due to the pain during the night. She uses Lunesta but it has not been working as well with the increased pain levels. She mentions another provider recommended Botox for her migraines, but this was denied. She has used Sumatripan for migraines but is having trouble due to denials. Her pain medication helps her maintain her pain level and function better by 80% with Norco lasting 4 hours. She rates her pain as 9/10 for a familiar pain level in her shoulder and neck and head as intense, sharp and achy. This pain is constant tingling down the left arm to index finger and thumb. There is some associated numbness in the left upper extremity. The provider's treatment plan is to trial MS ER (morphine sulfate) 15 mg Qty 60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MS ER (morphine sulfate) 15 mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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." In this case, the patient's neck and shoulder pain complaints and symptoms seem not improving despite the use of Morphine ER. No functional improvement reported. Therefore, the request for prescription of Morphine Sulfate ER 15mg #60 is not medically necessary.