

Case Number:	CM14-0148350		
Date Assigned:	09/18/2014	Date of Injury:	09/30/2002
Decision Date:	10/23/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/12/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a male with date of injury 9/30/2002. Per orthopedic permanent and stationary evaluation dated 12/16/2003, the injured worker sustained an injury to his right shoulder and was diagnosed with right shoulder rotator cuff tendinitis. His symptoms persisted and he underwent surgical decompression on 6/6/2003. He continued to have persistent pain and a repeat MRI on 10/14/2003 revealed no significant injury to the shoulder other than partial thick ness tear and tendinitis of the tendon. He reports overhead use of the shoulder causes increased discomfort and he has some pain at nighttime. On examination of the right shoulder forward flexion was 160 degrees, external rotation 80 degrees, internal rotation 80 degrees and abduction 160 degrees. There was mild tenderness about the anterior aspect of the right shoulder. There was no evidence of tenderness over the acromioclavicular joint. There was minimal tenderness in the subacromial space of the shoulder to palpation. Strength and sensation was normal. There was no evidence of anterior, inferior or posterior instability. There was no evidence of impingement sign. Diagnosis is status post right shoulder arthroscopic decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate 30mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 78, 13-16, 107, 72, 24, 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section, Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. Per orthopedic permanent and stationary evaluation dated 12/16/2003, future medical may require occasional use of over the counter anti-inflammatory medications. If his symptoms continue to persist then he could require repeat orthopedic evaluation or possible cortisone injection to his shoulder. Per AME dated 4/18/2006, the injured worker continues to have right shoulder pain, and pain in his low back and neck. There are no medical reports provided for review that address the injured worker's need for continued opioid pain medications. Functional improvement, pain reduction, and quality of life with the use of opioids at the lowest dose achievable are not assessed. Medical necessity for continued opioid pain medication use is not established within the recommendations of the MTUS Guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment. As such, the request for Morphine Sulfate 30mg is determined to not be medically necessary.