

<b>Case Number:</b>	CM13-0063196		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/28/2008
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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:

The injured worker is a 53-year-old male who reported injury on 07/28/2008. The mechanism of injury was the injured worker was milking a cow when a bull charged him, striking him in his right arm. The injured worker had a severely fractured right forearm and an injury to the right ulnar nerve. The injured worker required 3 surgical procedures. The injured worker's medication history included opioids as of 01/2013. The documentation of 11/04/2013 revealed the injured worker was hypersensitive to touch in his hand and forearm. The documentation indicated the injured worker had a significant decrease in pain in his upper extremity. It was indicated the injured worker had not been able to get any of his pain medications and, as a result, the injured worker had a decline in functional self care mobility skills. The injured worker has decreased functional use of his right hand. The pain is generally a 7/10. It was indicated the injured worker gets some relief whenever he is able to get the pain medications. The diagnoses included chronic pain, multiple trauma injuries, prolonged PTSD, and complex regional pain syndrome type II, upper limb. The plan was for morphine sulfate 15 mg by mouth q. 8 hours for pain which did not respond to Diclofenac, and discontinuation of tramadol. Additionally, it was indicated the injured worker would utilize Cyclobenzaprine cream for his wrist and arm twice a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MORPHINE SULFATE ER 15 MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Section and the Ongoing Management Section Page(s): 60,78.

**Decision rationale:** The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of an objective improvement in function, objective decrease in pain, and evidence the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to meet the above criteria. The injured worker was noted to be on opioids for greater than 9 months. Given the above, the request for Morphine Sulfate 15 MG ER #90 is not medically necessary.

**CYCLOBENZAPRINE CREAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section and Cyclobenzaprine Section Page(s): 111-113,41.

**Decision rationale:** The California MTUS indicates topical analgesics are experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. California MTUS Guidelines do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxant as there is no evidence for use of any other muscle relaxant as a topical product. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of antidepressants and anticonvulsants. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the quantity and strength for the request. Given the above, the request for Cyclobenzaprine cream is not medically necessary.