

<b>Case Number:</b>	CM14-0126870		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	03/17/1998
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 58-year-old male who reported an injury on 03/17/1998 due to an unknown mechanism. Diagnoses were cervical pain/cervicalgia, myofascial pain syndrome/fibromyalgia, and shoulder region pain. No surgical history was reported. The injured worker had a physical examination on 06/10/2014 with complaints of shoulder pain located in both acromioclavicular joints. The pain was reported a 4/10, and this was with medications. Examination of the cervical spine revealed decreased flexion, decreased extension, decreased rotation, decreased left lateral bending, and decreased right lateral bending. Examination of the lumbar spine revealed tenderness at the facet joint, decreased flexion, decreased extension, and decreased lateral bending. There was tenderness over the right sacroiliac joint and tenderness over the left sacroiliac joint. Medications were Amrix 15 mg (1 tablet daily as needed), ibuprofen 600 mg (1 tablet twice a day as needed), Kadian 60 mg (1 tablet twice a day), and Norco 10/325 (1 tablet every 4 hours as needed). Treatment plan was reported as the injured worker was doing well with medications and limitation of activity. The Request for Authorization was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amrix 15mg #150 (date of service 06/10/2014):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine) Page(s): 41,64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, page 41, 64, p Page(s): 41, 64.

**Decision rationale:** The California Medical Treatment Utilization Schedule states that cyclobenzaprine is recommended for a short course of therapy. They are more effective than placebo in the management of back pain. However, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2 to 3 weeks. The efficacy of this medication was not reported. This medication is recommended for a short period of time. The request submitted does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

**Kadian 60mg #60 (date of service 06/10/2014):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 86.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Chronic Pain Page(s): 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends there should be documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. It further recommends that dosing of opioids not exceed 120 mg oral morphine equivalents per day, and for patients taking more than 1 opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The efficacy of this medication was not reported. The request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

**Norco 10/325mg #600 (date of service 06/10/2014):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 86.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Norco, , Ongoing Management, page 78, page(s) <Insert Page Number or Numbers Page(s): 75, 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The efficacy of this medication was not reported. Also, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.