

<b>Case Number:</b>	CM14-0133923		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	11/05/1999
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of November 5, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; topical drugs; muscle relaxants; unspecified amounts of physical therapy; and earlier lumbar laminectomy surgery. The claims administrator reportedly failed to approve a request for morphine and Soma through the Utilization Review system. The applicant's attorney subsequently appealed. In a May 30, 2014 progress note, the applicant reported multifocal low back, neck, and bilateral shoulder pain. The applicant was apparently using Norco, Soma, omeprazole, Lidoderm, and Senna, it was suggested at that point in time. Highly variable pain ranging from 4-9/10 was noted. The applicant stated that her pain was "worse" all day. The attending provider then stated, somewhat incongruously, that the applicant's pain medications were helpful. Another section of the report stated that the applicant was not out of the house daily and did not get dressed daily. The applicant had issues with depression and anger, it was stated. The applicant had failed an earlier cervical fusion surgery as well as lumbar laminectomy, it was stated, and also had comorbid issues with heart disease and peripheral arterial disease. Multiple medications were renewed. On July 20, 2014, the applicant again reported multifocal bilateral arm, bilateral leg, neck, bilateral shoulder, mid back, hip, and hand pain, ranging from 6-10/10. Sitting, bending, physical activities, standing, walking all exacerbated the applicant's pain. It was acknowledged that the applicant was depressed and frustrated. The applicant complained that her claims administrator was not approving her medications in a timely manner. Multiple medications were refilled. In a June 27, 2014 progress note, the attending provider noted that the applicant's pain complaints ranged from 6-9/10. The applicant stated that she was having difficulty performing activities of lifting, sitting, bending,

standing, twisting, and walking, noting that these activities were exacerbating her pain complaints.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Pharmacy purchase of Morphine Sulfate (MS Contin) 15 mg ER #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids: See Opioids hyperalgesia..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines WHEN TO CONTINUE OPIOIDS Page(s): 80.

**Decision rationale:** 1. No, the request for morphine, a long-acting opioid, is not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the attending provider and/or the applicant have failed to outline any tangible or material improvements in function or quantifiable reductions in pain achieved as a result of ongoing opioid therapy, including ongoing morphine usage. Several sections of the attending provider's progress notes suggest that the applicant is having difficulty performing even basic activities of daily living such as lifting, standing, bending, twisting, walking, etc., despite ongoing morphine usage. The applicant has not returned to work, although it is acknowledged that this may be a function of age (82) as opposed to a function of the industrial injury. Nevertheless, however, the attending provider has seemingly failed to make a compelling case for continuation of morphine usage. Therefore, the request is not medically necessary.

#### **Carisoprodol Tab 350 mg (Soma) #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section:

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CARISOPRODOL Page(s): 29.

**Decision rationale:** 2. Similarly, the request for carisoprodol (Soma) is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. In this case, the applicant is using two opioid agents, morphine and Norco. Adding carisoprodol or Soma to the mix is not recommended. It is further noted that the applicant was described as using Soma on several office visits, referenced above, including on July 28, 2014, June 27, 2014, and May 30, 2014. Page 65 of the MTUS Chronic Pain Medical Treatment Guidelines does not

recommend Soma for longer than two to three weeks. In this case, the applicant has been using Soma for a minimum of several months. This is not indicated. Therefore, the request is not medically necessary.