

<b>Case Number:</b>	CM14-0164851		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	07/15/2010
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Interventional Spine 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 patient is a 51 years old female with an injury date on 07/15/2010. Based on the 08/25/2014 progress report provided by [REDACTED], the diagnoses are: 1. Rotator cuff syndrome worse 2. Post laminectomy syn- lumbar worse 3. Chronic pain syndrome-worse According to this report, the patient complains of left shoulder pain and low back pain with numbness in the right upper thigh and lateral shin/calf. Pain is rated at a 5-8/10. Medication, ice, and walking help alleviate the pain. Range of motion of the left shoulder is "nearly full." However, range of motion of the lumbar spine is limited with pain. Fewer spasms are noted in the lower lumbar paraspinal muscles. The 08/11/2014 report indicates pain is at a 3-6/10 for the low back and 4-7/10 for the left shoulder. Medication, rubbing the shoulder, and movement helps to decrease the pain. The 06/19/2014 report indicates the patient is "S/P lumbar lami L3-L4 and L4-L5 on 03/18/2014." Pain in the low back is rated at a 9/10. There were no other significant findings noted on this report. The utilization review denied the request on 09/26/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 10/24/2013 to 08/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol tab 325 mg day supply 21, quantity 42, no refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. MTUS and (for pain) MTUS Page(s): p 63, pg 64.

**Decision rationale:** According to the 08/25/2014 report by [REDACTED] this patient presents with left shoulder pain and low back pain with numbness in the right upper thigh and lateral shin/calf. The treater is requesting Carisoprodol tab 350mg day supply 21. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. However, the treater is requesting for 21 days; the patient has been on Soma since 10/24/2013. Soma is not recommended for long term use. The treater does not mention that this is for a short-term use. The request is not medically necessary.

**Morphine Sul tab 30mg ER Day Supply:30 quantity 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain (MTUS 60,61)CRITERIA FOR USE OF OPIOIDS (MTUS pgs 88, 89).

**Decision rationale:** According to the 08/25/2014 report by [REDACTED] this patient presents with left shoulder pain and low back pain with numbness in the right upper thigh and lateral shin/calf. The treater is requesting morphine sulfate tab 30mg ER day supply: 30, #60. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Morphine sulfate was first mentioned in the 08/11/2014 report; it is unknown exactly when the patient initially started taking this medication. Review of reports show numerical scale to assessing the patient's pain levels but no assessment of the patient's average pain, with and without medication. There are no discussions regarding functional improvement specific to the opiate use. None of the reports discuss significant change in ADLs, change in work status, or return to work attributed to use of Morphine sulfate. There is no opiate monitoring such as urine toxicology. MTUS require not only analgesia but documentation of ADL's and functional changes. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. The request is not medically necessary.

**Hydroco/APAP Tab 10-325 mg day supply:30 quantity 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain (MTUS 60,61)CRITERIA FOR USE OF OPIOIDS (MTUS pgs 88, 89)CRITERIA.

**Decision rationale:** According to the 08/25/2014 report by [REDACTED] this patient presents with left shoulder pain and low back pain with numbness in the right upper thigh and lateral shin/calf. The treater is requesting Hydrocol/APAP tab 10-325mg day supply 30 #120. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Hydrocol/APAP was first mentioned in the 08/11/2014 report; it is unknown exactly when the patient initially started taking this medication. Review of reports show numerical scale to assessing the patient's pain levels but no assessment of the patient's average pain, with and without medication. There are no discussions regarding functional improvement specific to the opiate use. None of the reports discuss significant change in ADLs, change in work status, or return to work attributed to use of Hydrocol/APAP. There are no opiate monitoring such as urine toxicology. MTUS require not only analgesia but documentation of ADL's and functional changes. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. The request is not medically necessary.