

<b>Case Number:</b>	CM14-0044432		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	08/22/1997
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 and 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-year-old female with a date of injury of 08/22/1997. The listed diagnoses per [REDACTED] are: 1. Lumbago. 2. Degenerative lumbar/lumbosacral intervertebral disk. According to progress report 02/26/2014, the patient presents with chronic low back pain. She presents for refill of medications morphine MSIR 15 mg #180 and Flexeril 10 mg #180. She is using MSIR for breakthrough pain and Flexeril for muscle spasms. Treater states "patient's leg and back are feeling better." This is the extent of the report. There is no physical examination noted. The Physician notes that the patient needs these medications for analgesia purposes, activities of daily living, and patient denies adverse effects or side effects. Progress report 01/20/2014 notes same findings as prior PR2. Report 12/19/2013 indicates the patient continues with low back pain with radiation throughout the body. Her legs have increased in soreness due to swelling. She continues to be limited in her activities due to pain and continues to use a wheelchair for mobility. Patient states her current pain medications "control her pain." Examination revealed patient is unable to ambulate or transfer from sitting without assistance. She has limited range of motion and strength in her lower extremities. Treater recommends patient continue with her medications which include Kadian 110 mg for round the clock the pain, MSIR 15 mg for breakthrough pain, and Flexeril 10 mg for muscle spasms. This is a retrospective request for morphine 15 mg #180 dispensed on 10/08/2013, 12/19/2013, and 01/09/2013. Also is a retrospective request for cyclobenzaprine 10 mg #180 dispensed on 10/08/2013, 12/19/2013, and 01/19/2013. Utilization review denied the request on 03/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Morphine (MSIR) 15mg #180 DOS: 10/8/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, on Long-term Opioid use, pages 88-89.

**Decision rationale:** This patient presents with chronic low back pain. This is a retrospective request for morphine MSIR 15 mg #180 which was dispensed on 10/08/2013. The Physician states the patient utilizes MSIR 15 mg on a daily basis for breakthrough pain. Progress report indicates the patient needs these medications for analgesic purposes and for activities of daily living. It was noted the patient does not have adverse effects to the medications prescribed.

Page 78 of MTUS requires Pain Assessment that should include, current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Furthermore, The 4 A's for ongoing monitoring are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. In this case, no specific activities of daily living changes are documented to determine whether or not significant functional improvements are achieved. Pain assessment information is also not provided. Furthermore, opiate monitoring such as urine drug screening are not discussed. Therefore, Retrospective request for Morphine (MSIR) 15mg #180 DOS: 10/8/13 is not medically necessary.

**Retrospective request for Morphine (MSIR) 15mg #180 DOS: 12/19/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, on Long-term Opioid use, page 88-89.

**Decision rationale:** This patient presents with chronic low back pain. This is a retrospective request for morphine MSIR 15 mg #180 which was dispensed on 12/9/13. The physician states the patient utilizes MSIR 15 mg on a daily basis for "breakthrough pain." Progress report indicates the patient needs these medications for analgesic purposes and for activities of daily living. It was noted the patient does not have adverse effects to the medications prescribed. Page 78 of MTUS requires "Pain Assessment" that should include, "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. In this case, no specific activities of daily living changes are documented to determine whether or not significant functional improvements are achieved. Pain assessment information is also not provided. Furthermore, opiate monitoring such as urine drug screening are not discussed. Therefore, Retrospective request for Morphine (MSIR) 15mg #180 DOS: 12/19/13 is not medically necessary.

**Retrospective request for Morphine (MSIR) 15mg #180 DOS: 1/9/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, on Long-term Opioid use, page 88-89.

**Decision rationale:** This patient presents with chronic low back pain. This is a retrospective request for morphine MSIR 15 mg #180 which was dispensed on 1/9/13. The physician states the patient utilizes MSIR 15 mg on a daily basis for "breakthrough pain." Progress report indicates the patient needs these medications for analgesic purposes and for activities of daily living. It was noted the patient does not have adverse effects to the medications prescribed. Page 78 of MTUS requires "Pain Assessment" that should include, "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. In this case, no specific activities of daily living changes are documented to determine whether or not significant functional improvements are achieved. Pain assessment information is also not provided. Furthermore, opiate monitoring such as urine drug screening are not discussed. Therefore, Retrospective request for Morphine (MSIR) 15mg #180 DOS: 1/9/13 is not medically necessary.

**Retrospective request for Cyclobenzaprine (Flexeril) 10mg #180 DOS:10/8/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, page 64, Cyclobenzaprine (Flexeril).

**Decision rationale:** This patient presents with chronic low back pain. This is a retrospective request for cyclobenzaprine 10 mg #80 dispensed on 10/8/13. The MTUS Guidelines page 64 states, "cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for recommendation for chronic use." In this case, medical records indicate this patient has been prescribed cyclobenzaprine since 09/02/2013. MTUS does not recommend long term use of muscle relaxants and recommends using 3 to 4 days of acute spasm and no more than 2 to 3 weeks. The requested cyclobenzaprine is not medically necessary.

**Retrospective request for Cyclobenzaprine (Flexeril) 10mg #180 DOS:12/19/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Page 64, Cyclobenzaprine (Flexeril).

**Decision rationale:** This patient presents with chronic low back pain. This is a retrospective request for cyclobenzaprine 10 mg #80 dispensed on 12/19/13. The MTUS Guidelines page 64 states, "cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for recommendation for chronic use." In this case, medical records indicate this

patient has been prescribed cyclobenzaprine since 09/02/2013. MTUS does not recommend long term use of muscle relaxants and recommends using 3 to 4 days of acute spasm and no more than 2 to 3 weeks. The requested cyclobenzaprine is not medically necessary.

**Retrospective request for Cyclobenzaprine (Flexeril) 10mg #180 DOS:1/9/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, pg 64.

**Decision rationale:** This patient presents with chronic low back pain. This is a retrospective request for cyclobenzaprine 10 mg #80 dispensed on 01/09/2013. The MTUS Guidelines page 64 states, "cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for recommendation for chronic use." In this case, medical records indicate this patient has been prescribed cyclobenzaprine since 09/02/2013. MTUS does not recommend long term use of muscle relaxants and recommends using 3 to 4 days of acute spasm and no more than 2 to 3 weeks. The requested cyclobenzaprine is not medically necessary.