

<b>Case Number:</b>	CM14-0049633		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	10/31/2011
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 Pain 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 injured worker is a 46-year-old female who reported an injury on 10/31/2011 secondary to an unspecified mechanism of injury. The injured worker was evaluated on 02/12/2014 for reports of left shoulder pain and cervicothoracic pain. The physical examination was unremarkable. The treatment plan noted the injured worker had a urine drug screen performed on 12/19/2013 which was noted to be inconsistent with opioid drug treatment protocol as the injured worker was noted to have oxycodone and Oxymorphone in her urine. A repeat drug screen was performed which showed oxycodone positive again. The request for authorization and rationale were not found in the documentation provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine ER 15mg every morning #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-95 Page(s): 74-95.

**Decision rationale:** The California MTUS Guidelines recommend the use of opioids for the ongoing management of chronic pain. The ongoing review and documentation of pain relief,

functional status, appropriate medication use, and side effects should be evident. There is a significant lack of objective findings of the injured worker's pain level, functional status, and side effects. The patient did undergo a urine drug screen which was found to be inconsistent with her currently prescribed medications. Therefore, due to the significant lack of clinical evidence of an objective assessment of the injured worker's pain level, functional status, and side effects, the request for Morphine ER 15 mg every morning #30 is not medically necessary.

**Norco 10/325mg every 8 hours prn #90 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-95 Page(s): 74-95.

**Decision rationale:** The California MTUS Guidelines recommend the use of opioids for the ongoing management of chronic pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a significant lack of objective findings of the injured worker's pain level, functional status, and side effects. The patient did undergo a urine drug screen which was found to be inconsistent with her currently prescribed medications. Therefore, due to the significant lack of clinical evidence of an objective assessment of the injured worker's pain level, functional status, and side effects, the request for Norco 10/325 mg every 8 hours as needed #90 with 1 refill is not medically necessary.

**Cyclobenzaprine 7.5 mg daily at bedtime #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, page(s) 63-66 Page(s): 63-66.

**Decision rationale:** The California MTUS Guidelines may recommend the use of muscle relaxants with caution as a second line option for short term treatment of acute exacerbations of patients with chronic low back pain. The injured worker has been prescribed cyclobenzaprine since at least 12/19/2013. This time frame exceeds the time frame to be considered short term. Furthermore, there is a significant lack of clinical evidence of the evaluation of the efficacy of the prescribed medication. Therefore, due to the time frame of the patient being prescribed this medication and the lack of clinical evidence of an evaluation of the efficacy of the prescribed medication, the request for Cyclobenzaprine 7.5 mg daily at bedtime #30 is not medically necessary.