

<b>Case Number:</b>	CM15-0134296		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	06/09/1999
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

### 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 45-year-old female, who sustained an industrial injury on June 9, 1999. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having brachial neuritis or radiculitis, cervicgia and post-laminectomy syndrome cervical region. Treatment to date has included surgery, diagnostic studies, medications, physical therapy, chiropractic treatment, acupuncture and injections. Chiropractic treatment, acupuncture and physical therapy were noted to only provide temporary benefit. Numerous epidural injections were not beneficial. On June 5, 2015, the injured worker complained of chronic, severe neck and arm pain. She also reported muscle spasm, insomnia, anxiety and depression. The treatment plan included medications, home exercises and a follow-up visit. On June 23, 2015, Utilization Review modified a request for Soma 350 mg #110, Morphine Sulfate 30 mg 180 and Percocet 10/325 mg #120 to Soma 350 mg-a reduction by 10% each week over a six week timeframe is suggested #50, Morphine Sulfate 30 mg-a reduction by 50% every other week over a five week timeframe as weaning protocol #90 and Percocet 10/325 mg #60. A reduction by 50% every other week over a five week timeframe is suggested, citing California MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg, #110: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Carisoprodol (Soma), Weaning of Medications Page(s): 63-66, page 29, page 124.

**Decision rationale:** Soma (carisoprodol) is in the antispasmodic muscle relaxant class of medications. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation indicated the worker was experiencing pain in the neck and arms with spasm, pain in the lower back and legs, decreased sleep, and anxious and depressed moods. The recorded pain assessments did not include many of the elements recommended by the Guidelines. These records reported the worker had used this medication for at least several months. Further, there was no discussion suggesting a recent flare-up of long-standing lower back pain or describing special circumstances that sufficiently supported this request for long-term use. In the absence of such evidence, the current request for 110 tablets of Soma (carisoprodol) 350mg is not medically necessary. Because of the increased risks with prolonged use and the lack of documented benefit, an appropriate taper should be able to be completed with the medication available to the worker.

**Morphine Sulfate 30mg #180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78, 92 & 97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, page 124.

**Decision rationale:** Morphine is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts. An ongoing review of the overall situation should be continued with special attention paid to the continued need for this medication, potential abuse or misuse of the medication, and non-opioid methods for pain management. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. Consideration for consultation with a multidisciplinary pain clinic or weaning off the medication is encouraged if the pain does not improve with opioid therapy within three

months or when these criteria are not met. An individualized taper of medication is recommended to avoid withdrawal symptoms.

The submitted and reviewed documentation indicated the worker was experiencing pain in the neck and arms with spasm, pain in the lower back and legs, decreased sleep, and anxious and depressed moods. The recorded pain assessments were minimal and contained few of the elements suggested by the Guidelines. There was no description of improved function with the use of this specific medication, suggestion of the amount of medication the worker needed or used, or documentation of an individualized risk assessment. There also was no description of special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 180 tablets of morphine 30mg is not medically necessary. Because the potentially serious risks significantly outweigh the benefits in this situation based on the submitted documentation and because the worker was taking this medication only as needed, an individualized taper should be able to be completed with the medication the worker has available.

**Percocet 10/325mg, #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, page 124.

**Decision rationale:** Percocet (oxycodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing pain in the neck and arms with spasm, pain in the lower back and legs, decreased sleep, and anxious and depressed moods. The recorded pain assessments were minimal and contained few of the elements suggested by the Guidelines. There was no discussion describing how often the medication was needed and used by the worker or providing an individualized risk assessment. In the absence of such evidence, the current request for 120 tablets of Percocet (oxycodone with acetaminophen) 10/325mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.