

<b>Case Number:</b>	CM15-0213401		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	10/11/2001
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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: California, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 51 year old female, who sustained an industrial injury on 10-11-2001. The injured worker is undergoing treatment for: pain to the neck, low back, and right shoulder with radiating pain into the bilateral lower extremities and right upper extremity. On 7-6-15, and 8-31-15, she reported pain to the neck with radiation into the right upper extremity, low back pain with radiation into the bilateral lower extremities, and right shoulder pain. She rated her pain 8 out of 10 with medications and 10 out of 10 without medications on average since her last visit. She indicated her pain to have been unchanged since her last visit. She also reported limitations in doing activities of daily living including self-care and hygiene, and indicated her level of difficulty would be rated 8 out of 10. She indicated she has had several falls since March 30, 2015. Physical examination revealed tenderness in the low back, antalgic and slow gait, utilization of the a walking stick, decreased lumbar range of motion, decreased sensation along L3-5 dermatome in bilateral lower extremities, decreased strength in bilateral lower extremities, positive bilateral straight leg raise testing, tenderness in the right shoulder and decreased right shoulder range of motion. There is no discussion of pain reduction with Morphine or Soma. There is no discussion of hypertonicity or muscle spasm on physical examination. The treatment and diagnostic testing to date has included: medications, TENS, emergency room treatment (August 2015), right shoulder injection (1-9-15), MRI of right shoulder (12-19-12). Medications have included: Morphine IR, Soma. The records indicate she has been utilizing Soma since at least June 2015, possibly longer and opioid medications since at least March 2015, possibly longer. Current work status: unclear. The request for authorization is

for: Morphine IR 15mg quantity 90 with one refill, Soma 350mg quantity 90 with one refill. The UR dated 9-24-2015: non-certified the request for Morphine IR 15mg quantity 90 with one refill, Soma 350mg quantity 90 with one refill.

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

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

**Morphine IR 15mg #90 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list, Opioids, criteria for use, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** The claimant is a 51 year-old female with date of injury of 10/11/2001 with chronic low back pain. The request is for Morphine IR 15 mg. Controlled, extended and sustained release opioids should be reserved for patients with chronic pain in need on continuous treatment. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects are not adequately addressed in this case as required by guidelines. Only objective pain scores are provided, without details of pain assessment, including average pain, intensity of pain since last assessment and duration and onset of pain relief with medication. Therefore the request is not medically necessary or appropriate.

**Soma 350mg #90 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** Soma is a muscle relaxant that is not recommended for greater than 2-3 weeks of use in cases of acute muscle spasm. Soma is metabolized to Meprobamate, a Schedule IV controlled substance. Soma should be used with caution in combination with opioids, such as Morphine, in this case due to dangerous drug interactions. There is no evidence of acute muscle spasm in this case indicating the need for a muscle relaxant. Soma is not indicated for long-term use. Therefore the request is not medically necessary or appropriate.