

<b>Case Number:</b>	CM15-0089594		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	05/09/1991
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 66 year old, male who sustained a work related injury on 5/9/91. The diagnoses have included chronic pain, thoracic region sprain/strain and rule out mid thoracic facet arthropathy. The treatments have included heat/cold therapy and home exercises. In the PR-2 dated 4/24/15, the injured worker complains of mid back pain. He describes the pain as sharp, dull/aching, throbbing, stabbing, pressure, cramping and weakness. He states no change in pain rating. On a good day, he rates the pain level at an 8/10 and on a bad day, he rates the pain level at 10/10. He has moderate tenderness to palpation over mid thoracic area, Range of motion is limited. He has parathoracic tenderness. The treatment plan is to refill medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10-325mg #90:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The patient presents with increased left knee pain associated with chronic low back pain. The current request is for Norco 10-325mg #90. The treating physician states on 4/25/15 (29B) "I will continue the patient's current medication Soma 350 mg tabs 1 po q 6 hours; Morphine sulfate 15 mg tabs 1 tab po q 8 hours er 4/d; Norco 10-325 mg tabs one po q4-6 hours prn max 3/d; Amrix 15 mg xr24h-cap 1 tab po qd." 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. In this case, the treating physician clearly documents the patient's analgesia and ADLs, as well as his lack of adverse side effects and aberrant behaviors while on his current medication regimen. The physician's reported dated 4/25/15 documents the patients attempt to decrease his medication for two months which resulted in increased pain, mood changes and decreased function and ability to preforms ADLs. Per prior PR-2s the current pain medication regimen was successful in decreasing the patients pain by 50% allowing for the ability to complete chores and stay active. A UDS on 3/26/15 indicated the patient was compliant with the current pain medication regimen. The current request is medically necessary.

**Morphine Sulfate 15mg #120:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The patient presents with increased left knee pain associated with chronic low back pain. The current request is for Morphine Sulfate 15mg #120. The treating physician states on 4/25/15 (29B) "I will continue the patient's current medication Soma 350 mg tabs 1 po q 6 hours; Morphine sulfate 15 mg tabs 1 tab po q 8 hours er 4/d; Norco 10-325 mg tabs one po q4-6 hours prn max 3/d; Amrix 15 mg xr24h-cap 1 tab po qd." 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. In this case, the treating physician clearly documents the patient's analgesia and ADLs, as well as his lack of adverse side effects and aberrant behaviors while on his current medication regimen. The physician's reported dated 4/25/15 documents the patients attempt to decrease his medication for two months which resulted in increased pain, mood changes and decreased function and ability to preforms ADLs. Per prior PR-2s the current pain medication regimen was successful in decreasing the patients pain by 50% allowing for the ability to complete chores and stay active. A UDS on 3/26/15 indicated the patient was compliant with the current pain medication regimen. The current request is medically necessary.

**Soma 350mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 29, 63-66.

**Decision rationale:** The patient presents with increased left knee pain associated with chronic low back pain. The current request is for Soma 350mg #90. The treating physician states on 4/25/15 (29B) "I will continue the patient's current medication Soma 350 mg tabs 1 po q 6 hours; Morphine sulfate 15 mg tabs 1 tab po q 8 hours er 4/d; Norco 10-325 mg tabs one po q4-6 hours prn max 3/d; Amrix 15 mg xr24h-cap 1 tab po qd." Soma (Carisoprodol) is a muscle relaxer that works by blocking pain sensations between the nerves and the brain. MTUS guidelines page 29 state for Carisoprodol (Soma), "Not recommended. This medication is not indicated for long- term use." MTUS guidelines pages 63-66 state, "Muscle relaxants (for pain) Carisoprodol (Soma ), neither of these formulations is recommended for longer than a 2 to 3 week period." The records indicate this patient has been taking this medication since at least 9/22/14 (172B). In this case, the patient has been taking Soma for longer than the MTUS guidelines support. Therefore, the current request is not medically necessary.

**Amrix 15mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** The patient presents with increased left knee pain associated with chronic low back pain. The current request is for Amrix 15mg #30. The treating physician states on 4/25/15 (29B) "I will continue the patient's current medication Soma 350 mg tabs 1 po q 6 hours; Morphine sulfate 15 mg tabs 1 tab po q 8 hours er 4/d; Norco 10-325 mg tabs one po q4-6 hours prn max 3/d; Amrix 15 mg xr24h-cap 1 tab po qd." MTUS guidelines state, "recommend non- sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, Cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." MTUS guidelines do not suggest use of Cyclobenzaprine for chronic use longer than 2-3 weeks. Review of the clinical history provided documents that the patient has used Cyclobenzaprine, in the form of Amrix, since at least from 9/22/14 (172B). In this case, the patient has been taking Amrix for longer than the MTUS guidelines support. Therefore, the current request is not medically necessary.