

<b>Case Number:</b>	CM13-0041176		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	07/05/2007
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & 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 physician 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 47 year old male with a date of injury of 07/05/2007. The listed diagnoses per [REDACTED] dated 09/02/2013 are neuropathic pain, status post arthrodesis, L5-S1, foraminal stenosis, degenerative disc disease. According to report dated 09/02/2013, the patient presents with back and leg pain. The patient describes leg and back pain as constant and 2/10 in pain. It was noted that patient uses a TENS, which helps reduce his pain occasionally, helping him reduce medication, and at times, it also allows him to increase function. Treater requests purchased of TENS unit, supplies including pad and electrodes for the unit, Baclofen 20 mg #120 with three refills and Norco 10/325 #90 with three refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90 with three refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88-89.

**Decision rationale:** This patient present with back and leg pain. Treater requests refill of Norco 10/325 #90 with 3 refills. Utilization review dated 09/16/2013 certified modification of Norco #90 with no refills. Medical records are not clear as to exactly when the patient was first prescribed this medication. However, seeing that progress report dated 01/08/2013 requests a refill of Norco, it can be assumed patient has been taking this medication prior to that date. In the six progress reports provided for review, there was not one discussion regarding how Norco has been helpful but a refill of #90 with additional 3 refills are being requested. For chronic opiates, MTUS guidelines require functioning documentation using a numerical scale or a validated instrument at least once every 6 months. Documentation of the four A's (Analgesia, ADL's, Adverse side-effects, Adverse behavior) are required. Furthermore, under outcome measures, it also recommends documentation of current pain; average pain; least pain; time it takes for medication to work; duration of pain relief with medications, etc. None of the reports reviewed contain this information. Recommendation is for denial.

**Baclofen 20mg #120 with three refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** This patient present with back and leg pain. Treater requests refill of Baclofen 20mg #120 with 3 refills. Utilization review dated 09/16/2013 certified modification from #120 to #20. MTUS recommends use of non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. A short course of muscle relaxants for patient's reduction in pain and increasing mobility may be warranted, however, the treater is requesting #120 with 3 refills. Baclofen is not recommended for long term use. Recommendation is for denial.

**purchase of a TENS unit:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 116.

**Decision rationale:** This patient present with back and leg pain. Treater requests purchase of TENS unit. According to report dated 09/02/2013, the patient uses a TENS which helps reduce his pain occasionally, helping him reduce medication, and at times, it also allows him to increase function. Per MTUS guidelines, a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration

approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Recommendation is for authorization given the treater's note regarding the beneficial effect.

**purchase of TENS supplies (pads and electrodes):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 116.

**Decision rationale:** This patient present with back and leg pain. Treater requests purchase of TENS unit and supplies for the unit including pads and electrodes. According to report dated 09/02/2013, the patient uses a TENS which helps reduce his pain occasionally, helping him reduce medication, and at times, it also allows him to increase function. Recommendation is for authorization.