

<b>Case Number:</b>	CM13-0057600		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/13/2009
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Orthopedic Surgery 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 claimant is a 62-year-old female who was injured in a work-related accident on October 13, 2009. Recent clinical assessments available for review indicate multiple diagnoses including failed lumbar surgery syndrome, degenerative lumbar disc disease, lumbar radiculopathy, chronic low back pain, depression, anxiety, chronic fatigue syndrome, and right sacroiliac joint dysfunction. There is documentation of a November 11, 2013 review process for which the claimant was prescribed weaning doses of lorazepam, baclofen, morphine, Hydrocodone, metaxalone, and duloxetine. The claimant's current clinical assessment of October 3, 2013 gave the above diagnoses with continued subject complaints of low back pain and radiating to the right greater than left lower extremity complaints. There was noted to be examination with weakness into the leg globally and no other pertinent significant findings. There was documentation, which indicated that the claimant continued to utilize her medication regimen as well as treatment in the form of physical and aquatic therapy. Formal clinical imaging is not documented for review. At last clinical assessment, medications were prescribed in the form of Celebrex, lorazepam, baclofen, morphine, Hydrocodone, metaxalone, and duloxetine. Further clinical records and information is not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CELECOXIB 100 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SAIDs (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 22.

**Decision rationale:** The Chronic Pain Guidelines indicate that NSAIDs (non-steroidal anti-inflammatory drugs) should be utilized at the lower dose possible for the shortest duration possible. The clinical records at present fail to demonstrate any evidence of acute symptomatic flare-up in regards to the claimant's subjective complaints, objective findings or change in activity levels. The diagnosis of chronic pain alone does not indicate the need for chronic use of a non-steroidal medication.

**LORAZEPAM 1 MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

**Decision rationale:** The Chronic Pain Guidelines indicate that benzodiazepine is not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to four (4) weeks. During the last clinical assessment, a weaning period was prescribed for this medication. There is no indication for the continued use of this medication at this stage in the claimant's chronic stage of care.

**BACLOFEN 10 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN). Decision based on Non-MTUS Citation ODG-TWC PAIN PROCEDURE SUMMARY (LAST UPDATED 10/14/2013)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 65.

**Decision rationale:** The Chronic Pain Guidelines recommend 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. The claimant does not show evidence of acute clinical findings based on subjective complaints or an objective examination. The chronic need of muscle relaxants, given the claimant's current course of care would not be supported.

**MORPHINE SULFATE 30 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF A THERAPEUTIC TRIAL OF OPIOIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 76-80.

**Decision rationale:** The Chronic Pain Guidelines indicate that the on-going management of opioid use should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The Guidelines also indicate that four (4) domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). During the last clinical assessment, it was indicated that a weaning dose of this medication was provided for appropriate weaning. Due to the lack of documentation of benefit, where downward titration and complete discontinuation were recommended, there is no evidence to support the continued use of this narcotic analgesic. The specific request would not be supported.

**HYDROCODONE/ACETAMINOPHEN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF A THERAPEUTIC TRIAL OF OPIOIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE, OPIOIDS, SPECIFIC DRUG LIST Page(s): 76-80; 91-94.

**Decision rationale:** The Chronic Pain Guidelines indicate that the on-going management of opioid use should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The Guidelines also indicate that four (4) domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The Guidelines indicate that hydrocodone/acetaminophen is recommended for moderate to moderately severe pain. The partial certification of this medication was given for the downward titration and complete discontinuation. There is no indication for the further usage of the above mentioned medication.

**METAXALONE 800 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 65.

**Decision rationale:** Metaxalone is a muscle relaxant. The Chronic Pain Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. There is no current evidence of acute clinical examination findings or subjective complaints to indicate the continued usage of muscle relaxants at this chronic stage and course of care. The specific request would not be indicated.

**DULOXETINE HYDROCHLORIDE:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN Page(s): 13.

**Decision rationale:** Duloxetine is a serotonin-norepinephrine reuptake inhibitor (SNRI) anti-depressive agent, which can be used for both depressive disorder and neuropathic pain. The Chronic Pain Guidelines recommended antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Given the claimant's diagnosis of both of the above, the continued role of this agent in the chronic setting, would be indicated.