

<b>Case Number:</b>	CM14-0004544		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	05/01/1989
<b>Decision Date:</b>	04/09/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 and 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 67 year old female with date of injury 5/1/89. The treating physician report dated 12/4/13 states the patient has lower back pain, left S/I pain and radiating pain into the posterior left thigh. The current diagnoses are: 1.Chronic Pain Syndrome 2.Lumbsosacral Neuritis 3.Lumbago S/P surgery 4.Joint replaced hip bilateral - non industrial The utilization review report dated 1/2/14 indicates that the request for Vicodin 5mg/500mg Tab 1 po tid to qid #120 was certified to approve Vicodin 5mg/500mg tab #120 to establish a weaning regimen. The request of Baclofen 10mg tab; ½ po tid PRN; #60; refill 3 was modified to approve Baclofen 10mg tab #30 refill 0 to allow for tapering and discontinuation

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VICODIN 5/500MG, 1 PO TID TO QID, #120 WITH ZERO REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List, Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic use, Opioids for long term assessment Page(s): 80-80, 88-96.

**Decision rationale:** There are monthly reports reviewed from 1/24/13 through 12/4/13 that make repeated statements that the patient will continue with current medications which include Vicodin. Given that the patient has previously had lumbar fusion and has continued complaints of pain, the recommendation for Vicodin may be warranted, however, the treating physician does not provide any discussion regarding pain reduction, specific functional changes and quality of life issues with the use of Vicodin. The reports repeatedly state "Medications and treatments provide temporary decrease in pain." No other discussion regarding Vicodin is made. MTUS Guidelines, pgs 88, 89 recommends documentation of pain and functional improvement and compare to baseline. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. The treating physician has failed to document any specific functional benefits at all for this patient. Recommendation is for denial.

**BACLOFEN 10 MG TABLET, ½ PO TID PRN, #60 WITH 3 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain Page(s): 64.

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

**Decision rationale:** The patient presents with chronic lower back pain that is rated a 7/10. There is brief mention in all of the treating physician reports reviewed that state "Medications provide temporary decrease in pain." MTUS Guidelines state that muscle relaxants can be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic Low Back Pain. Additionally, Antispasticity drugs such as Baclofen can be used to decrease spasticity in conditions such as cerebral palsy, MS, and spinal cord injuries. The reports reviewed from 1/24/13 to 12/4/13 do not document spasticity, only tenderness to palpation. None of the reports indicate why this medication is being used. There is no documentation of myofascial pain, spasms and more importantly, how the patient has responded to the medication. MTUS pages 60, 61 require documentation of pain assessment and function when medication is used for chronic pain. The MTUS guidelines go on to state on page 8 "The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities". Recommendation is for denial