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| <b>Case Number:</b>   | CM14-0102167 |                              |            |
| <b>Date Assigned:</b> | 09/24/2014   | <b>Date of Injury:</b>       | 12/02/2002 |
| <b>Decision Date:</b> | 11/06/2014   | <b>UR Denial Date:</b>       | 06/25/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/02/2014 |

### 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 Occupational Medicine, 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 was injured on 12/02/02. Baclofen, Senokot, Lidoderm patch, and chiropractic sessions are under review. There is a note dated 05/22/14 that also indicates that she had fibromyalgia. On 06/19/14, she was seen for low back and left lower extremity pain. She was not receiving her medications. She stated oxycodone helped her function including grooming and getting up from a seated position and gave her 40% relief. Baclofen helps her with her activities of daily living with about 30% pain relief and it helped her acute muscle spasms that she has 10-12 times during the month. Senna and Prilosec helped her gastrointestinal issues due to her ongoing medication use and overall her medications helped her by about 40%. Chiropractic treatment was ordered. Gabapentin was mentioned but it does not appear to have been prescribed. She has also received psychiatric treatment. On 08/18/14, she was evaluated. Her Lidoderm patches had been denied. She stated they helped her by about 50%. Her medications included Celexa, Klonopin, diabetic medications, Lidoderm patch, Baclofen, Neurontin, Oxycodone, Prilosec, and Senokot-S. On 09/15/14, the note states she had CRPS of all of her extremities. Lidoderm patches helped about 50% and left her more functional including walking and grooming herself. She had an open sore on her left foot from her diabetes which was increasing her pain from CRPS. She was expected to have surgery by a podiatrist on 09/23/14. Physical examination revealed pain over the lumbar intervertebral discs on palpation. She had pain and hyperalgesia in the upper and lower extremities. She was advised on the use of her medications. Her medications were the same. She had pain over the lumbar disks and a 6 mm ulceration under her right big toe. She reported an exacerbation of her symptoms due to not having her pain medications. Her findings had not changed over time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxers, baclofen Page(s): 97.

**Decision rationale:** The history and documentation do not objectively support the request for baclofen 10 mg #60. The MTUS state "muscle relaxants (for pain) - Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include Chlorzoxazone, Methocarbamol, Dantrolene and Baclofen. According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and 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." Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, ... A record of pain and function with the medication should be recorded." The medical documentation provided does not establish the need for long-term/chronic usage of baclofen. The claimant reports periodic spasms but the medical records provided do not provide objective findings of acute spasms. In this case, the claimant's pattern of use of local modalities and exercise/stretching to try to control periodic spasms in other ways are not described. There is no description of her pattern of use of this medication, the benefit to her, and how long it lasts. As such, this request for baclofen 10 mg #60 is not medically necessary.

**Senokot S 8.5/50mg #200:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: PDR, 2014. Senna - S

**Decision rationale:** The history and documentation do not objectively support the request for Senna-S 8.5/50 #200. The MTUS do not address the use of Senna-S and the PDR recommend it for control and prevent of constipation that may occur physiologically or as a result of medication use, including opioids. In this case, no gastrointestinal symptoms or conditions have been described, including constipation. As a result, the medical necessity of this request for Senna-S 8.5/50 mg has not been clearly demonstrated.

**Lidoderm 5% patch #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 143.

**Decision rationale:** The history and documentation do not objectively support the request for Lidoderm patches 5% #30. The MTUS state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." There is no evidence of failure of all other first line drugs. The claimant received refills of multiple other medications. She has reported benefit from the use of medications and increased pain without them. However, the specific benefit to her of the use of Lidoderm patches and the anticipated benefit of continued use have not been clearly described. It is not clear where she is applying them as she had multiple areas of pain. The medical necessity of this request for continuation of Lidoderm patches 5% has not been clearly demonstrated.

**Continued chiropractic sessions 2x week for 3 weeks (low back/left lower extremity and knee):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 92.

**Decision rationale:** The history and documentation do not objectively support the request for the continuation of chiropractic manipulation for the low back/left lower extremity/knee. The MTUS state "manual therapy & manipulation may be recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate

progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - Not medically necessary. Recurrences/flare-ups - Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months." The claimant's history of chiropractic care, the number of visits and dates, and her response to treatment are unknown. There is no current clinical evidence to support the continuation of chiropractic care at this time. She has multiple complaints involving multiple body parts and it is not clear what benefit is anticipated from the continuation of chiropractic treatment for the low back, left lower extremity, and knee. The medical necessity of this request has not been clearly demonstrated.