

<b>Case Number:</b>	CM14-0104871		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	02/15/2009
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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:

Patient is a 38 year-old female with date of injury 02/15/2009. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 05/29/14, lists subjective complaints as pain in the low back with radicular symptoms down the left leg. Objective findings: Examination of the lumbar spine revealed restricted range of motion with flexion and extension limited by pain. On palpation of the paravertebral muscles, hypertonicity, spasm, tenderness, and tight muscle back was noted on the left side. Lumbar facet loading was positive on the left. Straight leg raising test was negative. Tenderness to palpation to the posterior lumbar elements and lumbar facet joints. On examination of deep tendon reflexes, knee jerk was on both sides; ankle jerk was on both sides. Diagnosis: 1. Sprain, lumbar region 2. Low back pain 3. Spinal/lumbar degenerative disc disease. The medical records supplied for review document that the patient has taken the following medication for at least as far back as six months. Medications under review include: 1. Dilaudid 2mg tablets, #60 SIG: 1 tablet two times a day; 2. Baclofen 10mg tablets, #90 SIG: 1 tablet three times a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 2mg tablets 1 tablet 2 times a day as needed #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydromorphone Page(s): 93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last six months. Dilaudid 2mg tablets 1 tablet 2 times a day as needed #60 is not medically necessary.

**Baclofen 10mg/tablet, 1 tablet 3 times a day as needed #90 refills 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity Drugs Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63.

**Decision rationale:** The MTUS recommends baclofen, a non-sedating muscle relaxant, with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Baclofen may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, it shows no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. The patient has been taking baclofen for at least 6 months, much longer than the recommended short-term treatment stated in the MTUS. Baclofen 10mg/tablet, 1 tablet 3 times a day as needed #90 refills 3 is not medically necessary.