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| <b>Case Number:</b>   | CM14-0014437 |                              |            |
| <b>Date Assigned:</b> | 02/26/2014   | <b>Date of Injury:</b>       | 12/20/2010 |
| <b>Decision Date:</b> | 07/30/2014   | <b>UR Denial Date:</b>       | 01/30/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/04/2014 |

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 40-year-old male who has submitted a claim for chronic lumbar back pain with disc bulging at L3-L4 and a posterior annular tear at L4-L5, Chronic cervical pain, bilateral upper extremity radicular symptoms, bilateral carpal tunnel syndrome, left knee sprain, right knee patellofemoral pain, left shoulder pain, chronic right shoulder pain, posttraumatic headaches, history of chest pain associated with back pain and depression associated with an industrial injury date of 12/20/2010. Medical records from 2013 were reviewed which revealed persistent neck, low back, bilateral knees and right hip pain. He has numbness in both hands. Muscle spasms were also noted. Physical examination of the upper extremities showed abduction of right shoulder at 95 degrees, extension at 30 degrees and flexion at 100 degrees. No tenderness noted. Lower extremities examination showed normal range of motion of bilateral knee. McMurray and Lachmann tests were negative. Cervical spine examination revealed anteflexion at 10 degrees, extension at 10 degrees, rotation at 30 degrees, lateral flexion at 10 degrees. Lumbosacral spine showed anteflexion of trunk at 50 degrees, extension at 10 degrees, rotation at 20 degrees and lateral flexion at 20 degrees. Straight leg raise test was negative bilaterally. Treatment to date has included epidural injections and chiropractic sessions. Medications taken include Adderall, Cymbalta, Seroquel, Klonopin, Percocet, Norco and Baclofen. Utilization review from 1/30/14 modified the request for Norco from #120 to #96 for weaning purposes. Baclofen was approved.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Opioids Page(s): 78.

**Decision rationale:** As stated on page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines, four 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 potential aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient was prescribed Norco since 11/27/13. Progress report dated 12/11/13 mentioned that Norco does not significantly reduce pain. In addition, there is no documentation on the functional improvement (in terms of specific activities of daily living) that the patient can perform attributed to the use of opioids. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for NORCO 10/325MG #120 is not medically necessary.

**BACLOFEN 10MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Anti-spasticity, Baclofen Page(s): 64.

**Decision rationale:** As stated on page 64 of CA MTUS Chronic Pain Medical Treatment Guidelines, baclofen can be used to treat spasticity and spasm associated with multiple sclerosis and/or spinal cord injuries. The medical records provided for review does not indicate a diagnosis of multiple sclerosis or diagnosis of spinal cord injury, which would meet guideline criteria. Guidelines have not been met. Therefore, the request for BACLOFEN 10MG #120 is not medically necessary.