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| <b>Case Number:</b>   | CM14-0117926 |                              |            |
| <b>Date Assigned:</b> | 08/06/2014   | <b>Date of Injury:</b>       | 09/30/1997 |
| <b>Decision Date:</b> | 10/03/2014   | <b>UR Denial Date:</b>       | 07/16/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/28/2014 |

### 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:

This is a 58-year-old male with a 9/30/97 date of injury. The mechanism of injury was not noted. According to a progress report dated 4/28/14, the patient complained of low back pain with radiation to bilateral lower extremities. The patient relied on his wife for activities of daily living 100% of the time. He rated his pain as a 10/10 without medication and an 8/10 with medication. Baclofen decreases spasms. He complained of increased pain in the buttocks, legs, and burning pain. He also complained of increased low back and leg pain. Objective findings: twitching rhythmic motion of bilateral hands, patient is in wheelchair, unable to perform heel-toe-walk. Diagnostic impression: thoracic/lumbar/cervical radiculitis, status post T10-S1 fusion. Treatment to date: medication management, activity modification, surgery. A UR decision dated 7/16/14 denied the requests for MS Contin, Norco, Baclofen, and Colace. Regarding MS Contin and Norco, there is no evidence of objective functional benefit with prior use of this medication, current urine drug screen results, attempt at weaning and tapering, and an updated and signed pain contract between the provider and claimant. Regarding Baclofen, the medical records submitted for review are over 60 days old, it is not possible to determine the claimant's current condition. Regarding Colace, opioids have been determined to be inappropriate, then the prophylactic treatment of constipation does not need to be initiated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 30 mg, #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2  
Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In fact, it is noted that the patient requires aid with activities of daily living 100% of the time. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. According to the progress report dated 4/28/14, the most recent urine drug screen was from 7/13 and CURES report was from 6/20/13. Therefore, the request for MS Contin 30mg #60 was not medically necessary.

**Norco 10/325 mg, #180: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2  
Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In fact, it is noted that the patient requires aid with activities of daily living 100% of the time. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. According to the progress report dated 4/28/14, the most recent urine drug screen was from 7/13 and CURES report was from 6/20/13. Therefore, the request for Norco 10/325 mg, #180 was not medically necessary.

**Baclofen 10 mg, #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2  
Page(s): 63-66.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, state that 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, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to the reports reviewed, the patient has been on Baclofen since at least 1/20/14. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation of an acute exacerbation to the patient's pain. Therefore, the request for Baclofen 10mg, #90 was not medically necessary.

**Colace 100 mg, #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Docusate) Peer-reviewed literature 'Management of Opioid-Induced Gastrointestinal Effects: Treatment'

**Decision rationale:** The FDA states that Sodium Docusate is indicated for the short-term treatment of constipation; prophylaxis in patients who should not strain during defecation; to evacuate the colon for rectal and bowel examinations; and prevention of dry, hard stools. CA MTUS states that with opioid therapy, prophylactic treatment of constipation should be initiated. The initial requests for the opioid medications, MS Contin and Norco, have been determined to be medically unnecessary. Therefore this associated request for prophylaxis from opioid-induced constipation cannot be substantiated. Therefore, the request for Colace 100mg, #120 was not medically necessary.