

<b>Case Number:</b>	CM14-0119812		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	11/22/2009
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a female, with an unspecified date of birth, who reported an injury on 11/22/2009 while changing a patient's bed. The injured worker has been diagnosed with lumbago. Her past treatment have included a home exercise program, lumbar surgery, swimming, and medication. On 04/29/2014, the injured worker's complaints included right lower extremity paresthesia and right lower extremity pain. The injured worker rated her pain 6/10. She was going to the gym every day either to the pool or walking on the treadmill spending 1 to 1.5 hours in the gym almost every day. The injured worker appeared alert and cooperative. No behavioral issues were present. Functional range of motion in lower back was present. Full range of motion and strength of the bilateral lower extremities was noted. Straight leg raise was negative bilaterally. The injured worker's medications are levothyroxine, hydrochlorothiazide, Neurontin, baclofen, Vicodin, pravastatin, Motrin, and Lyrica. The physician recommended that the injured worker continue with the present home exercise program. The physician encouraged the injured worker to continue attending an independent gym program. The physician noted she was not having any GI side effects with use of Motrin. The physician requested 30 tablets of baclofen 10 mg and 90 tablets of hydrocodone. The rationale for these medications was not provided in the physician's documentation. A request for authorization form was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Tablets of Baclofen 10mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California Chronic Pain Medical Treatment Guidelines Page(s): 78-79,64,16, and 19-20.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

**Decision rationale:** The request for 30 tablets of baclofen 10 mg is non-certified. The California MTUS Guidelines state non-sedating muscle relaxants may be recommended with caution as a second line option for the short-term treatment of acute exacerbations in patients with chronic low back pain. In most cases, these medications show no benefit beyond NSAIDS in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDS. Its efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain related to trigeminal neuralgia. The physician has prescribed this medication since 03/06/2013. The use of muscle relaxants per MTUS Guidelines is for short-term. The injured worker has been utilizing this medication for over a year. Therefore, continued use would exceed California MTUS Guidelines. Further, the documentation did not provide adequate evidence of the efficacy of this medication. Moreover, the request failed to include a frequency. As such, the request is non-certified.

#### **90 Tablets of Hydrocodone 10/325mg: Upheld**

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

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

**Decision rationale:** The request for 90 tablets of hydrocodone 10/325 mg is non-certified. California MTUS Guidelines for opioids and their ongoing management state the prescriptions should come from a single practitioner, be taken as directed, and all prescriptions should come from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. The physician should document the 4A's of ongoing monitoring which include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The physician is encouraged to use drug screening or inpatient treatment for issues of abuse, addiction, or poor pain control. The physician should document any misuse of medications and continuously review the overall situation with regard to nonopioid means of pain control. Consideration of a consultation with a multidisciplinary pain clinic should be considered if doses of opioids are required beyond what is usually required for the condition or if the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety, or irritability. Consider an addiction medicine consult if there is evidence of substance abuse. The physician notes the injured worker has been utilizing Motrin and Vicodin since 03/06/2013. On a final office visit of 04/29/2014, the physician also was prescribing Vicodin and Motrin for the injured worker's pain. The injured worker advised the physician pain

was improved through the use of Lyrica for her lower extremities. The physician has not provided documentation of drug urine screens. The physician failed to note the onset of pain and its duration. The physician failed to note how long the medication took to begin alleviating pain as well as the duration of pain management with medication. In the absence of this information, continued use of opioids is not supported. Additionally, the frequency was not included with the request. As such, the request is non-certified.