

<b>Case Number:</b>	CM14-0129801		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	09/06/2010
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Medicine and is licensed to practice in Florida. 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 45-year-old male who reported an injury 09/06/2000. The mechanism of injury was not provided within the medical records. The clinical note dated 06/27/2014 indicated diagnoses of adjacent segment disease and chronic pain syndrome. The injured worker reported low back pain rated 6/10 to 8/10 with difficulty sleeping secondary to pain. On physical examination, the injured worker's lumbar range of motion was decreased in all planes and sensation was intact. The injured worker has a CURES report dated 01/14/2014, which was consistent, and a urine toxicology dated 09/03/2013, which was consistent. The injured worker's treatment plan included psychiatric care, continue Cymbalta, Gabapentin, Clonazepam, Baclofen, Norco, and Colace. The injured worker reported the medications helped decrease his pain and helped him increase his daily activity. The injured worker's prior treatments included medication management. The injured worker's medication regimen included Cymbalta, Gabapentin, Clonazepam, Baclofen, Norco, and Colace. The provider submitted a request for Colace, Norco, and Baclofen. A Request for Authorization dated 06/27 was submitted for the above medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Colace 100mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating therapy Page(s): 77.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state prophylactic treatment of constipation should be initiated. There is lack of documentation of the efficacy and functional improvement with the use of Colace. In addition, the request does not indicate a frequency. Therefore, the use of Colace is not medically necessary.

**Norco 10/325mg #105:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91,78.

**Decision rationale:** MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of significant evidence of an objective assessment of the injured worker's functional status, evaluation of risk for aberrant drug use, behaviors, and side effects. In addition, the request for Norco was modified for weaning on 07/21/2014. The provider has had ample time to wean the patient. Therefore, the request for Norco is not medically necessary.

**Baclofen 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen (Lioresal).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 64.

**Decision rationale:** MTUS Guidelines state Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. On physical examination, it was not indicated the injured worker had muscle spasms. In addition, the request did not indicate a frequency for Baclofen. Therefore, the request is not medically necessary.