

<b>Case Number:</b>	CM14-0158669		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	05/20/2013
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 50-year-old female with a 5/20/13 date of injury. The mechanism of injury occurred when she was working as a flight attendant. The plane stopped suddenly, causing the patient to be thrown backwards in her seat. According to a progress report dated 9/4/14, the patient rated her pain with medications as a 4/10 and without medications as an 8/10. She had no new problems or side-effects and her activity level has remained the same. Objective findings: restricted lumbar range of motion, paravertebral muscle tenderness and tight muscle band on right, tenderness noted over sacroiliac spine, light touch sensation decreased over L4 and L5 lower extremity dermatome(s) on the right side. Diagnostic impression: lumbar radiculopathy, lumbar facet syndrome, sacroiliac joint dysfunction, bilateral hip trochanteric bursitis. Treatment to date: medication management, activity modification, surgery, physical therapy, TENS unit, lumbar ESIs, facet joint injections. A UR decision dated 9/25/14 modified the requests for Norco from 90 tablets to 60 tablets and Baclofen from 60 tablets to 20 tablets for weaning purposes. Regarding Norco, the requested TID dosing is excessive. When the claimant was on BID dosing, her pain was reduced from 8/10 to 4/10. It is unclear why there was an increase to 3 times a day. Regarding Baclofen, the claimant does not have multiple sclerosis and does not have significant spasm requiring Baclofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

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

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

**Decision rationale:** The 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. However, in the reports reviewed, there is no documentation of functional improvement or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior, an opioid pain contract, a recent urine drug screen, or CURES monitoring. The most recent urine drug screen was noted to be 10/22/13. Therefore, the request for Norco 10/325mg #90 was not medically necessary.

**Baclofen 10mg #60:** Upheld

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

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

**Decision rationale:** The 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. However, according to the records provided for review, this patient has been taking Baclofen since at least 4/25/14, if not earlier. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Therefore, the request for Baclofen 10mg #60 was not medically necessary.