MAXIMUS Federal Services

Case Number:	CM14-0159939		
Date Assigned:	10/03/2014	Date of Injury:	07/16/1997
Decision Date:	10/30/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/29/2014

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:

The claimant was injured on 07/16/97. Baclofen and Mobic are under review. The claimant stated on 09/29/14 that his medications make a big difference in his quality of life and the exercises that he can get. He has pain and has difficulty focusing with limited attention span and little ability to concentrate. He also gets depressed. He had already tried acupuncture, massage, ice pack, electrical electronic stimulators, and a regime of other medications. These medications give him the best results for a period of time. He is status post cervical spine fusion surgery. There were times when he felt normal. If he gets too much exercise he would get a cycle of muscle spasms along the top of his back and up behind his neck with pulling on his scalp tissue. The Mobic and baclofen work together with Norco. He gets significant relief and cannot function without them. The claimant was reportedly assaulted when he was injured. He is status post discectomy and fusion in 1992 and cervical fusion in 1998. He had additional discectomy and fusion in 2002. He has a permanent intrathecal pump. He had been using less Norco and increasing the use of Mobic. He still had neck, upper back, and headache pain. His Norco was approved, baclofen was modified, and Mobic was denied. On 10/11/11 there is a supplemental AME report. He has had Botox injections. The claimant was already on oral anti-inflammatories and Flector patches were not approved. On 02/05/14, he had a pain management follow-up for neuropathic and myofascial pain following failed neck surgery. His intrathecal pump was being adjusted. It was not helping. He was taking Norco for breakthrough pain that provided minimal help; baclofen also gave minimal help. It appears that he was receiving it through the intrathecal pump and the dose was increased. He was taking Norco, baclofen, and Mobic orally. He received morphine, bupivacaine, and baclofen in the pump. He was prescribed Mobic to help prevent escalation of the Norco. On 02/11/14, he was using Cymbalta, Ambien, Valium, and Nuvigil. He had generalized anxiety disorder and psychological problems. On

05/07/14, following the intrathecal pump refill on 02/05/14, he reported his pain was well controlled. When he was on vacation he would increase his doses of Norco. Other times he did not use it at all. He had minimal pain. He did not think ibuprofen was very helpful. He had used Mobic in the past. The provider indicated that Mobic had been more effective than any other NSAIDs. On 08/13/14, he reportedly had been on an extended trip to Alaska and the increased activity increased his pain. He also had headache pain. He had been using less Norco while he was using Mobic. He received a refill of the pump. He received refills of the Norco, baclofen, and Mobic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #270: 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 relaxers, baclofen Page(s): 97.

Decision rationale: The MTUS state "muscle relaxants (for pain) - Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) 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. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. (Chou, 2004) According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, ... A record of pain and function with the medication should be recorded. (Mens 2005)" The medical documentation provided does not establish the need for long-term/chronic usage of baclofen when the claimant is also receiving baclofen in the intrathecal pump. Additionally, the medical records provided do not provide objective findings of acute spasms or a diagnosis of acute spasm that resolves with

the use of baclofen. In this case, the claimant's trials of local care such as ice or heat, stretching to try to prevent spasms, and trials of other medications, including other first-line drugs such as acetaminophen and antidepressants, have not been described. His specific pattern of use of this medication, the indications for use, and the response and duration, are not stated in the records. There is a description that he tries to exercise which depends on his pain levels, but he appears to be highly functional and able to travel. It is not clear what his pattern of exercise, to maintain the benefits of treatment measures, actually is. As such, this request for baclofen 10 mg #270 is not medically necessary.

Mobic 15mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 102.

Decision rationale: The MTUS state "NSAIDs (non-steroidal anti-inflammatory drugs): Specific recommendations [include] osteoarthritis and 'Back Pain -Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective that acetaminophen for acute LBP.'" There is no evidence that the claimant has tried and failed to respond to acetaminophen. There is no documentation of osteoarthritis. MTUS and ODG state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, ... A record of pain and function with the medication should be recorded. (Mens 2005)" There is no documentation of osteoarthritis or exacerbations of low back pain. There is no evidence of significant inflammation for which this type of medication appears to be indicated on a chronic basis. Again, it is not clear whether the claimant has tried local care such as ice or heat and first line medications such as acetaminophen, along with an ongoing exercise program to try to maintain the benefit of treatment measures. The medical necessity of the ongoing use of Mobic 15 mg #90 under these circumstances has not been clearly demonstrated and the request is not medically necessary.