

<b>Case Number:</b>	CM14-0023740		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	07/04/1994
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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, has a subspecialty in Pain 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 injured worker is a 46-year-old male who reported an injury on 02/23/1996 with the mechanism of injury not cited within the documentation provided. In the clinical notes dated 01/23/2014, the injured worker complained of headaches, with tight muscles at the base of the skull, and knots in the back of the neck. The injured worker reported upper left-sided back spasm under the scapular area going across the middle of the back under the scapula. He stated it was worse at night while trying to sleep. It was also noted that the injured worker's headaches had gotten worse and started at the back of the head and lasted for hours even days. It was annotated that he tried over-the-counter Excedrin, which helped, for his headaches. He denied neurologic symptoms. The injured worker is noted to work full time in material recycling, and denied frequent time off from work. It was also noted that he did not take medications every day. The pain level status of the injured worker with medications was rated at 0/10, and without meds 7/10 to 8/10. His functional pain level status was rated as 0-1/10 with medications and 9/10 without medications. The physical examination of the cervical spine revealed full range of motion, even with extension with complaints of tightness in the back of the neck and scapular area, tenderness at C8-T1 to palpitation, and tenderness of occipital ridge. The diagnosis included sciatica, due to displacement of vent, cervical pain, cervical degenerative disc disease, and popping cartilage/facets and ligaments. The treatment plan included continuation of medications as directed, discussion of medications habituations, discussion of rebound headache, Norco 10 (up to 3 times a day, and occasionally half end of shift) #105 with 1 refill, Ultram ER (300 mg every AM) #30 with 1 refill, baclofen (10 mg, half to 1 at bedtime x 1 week, and up to twice a day as needed) #50 with one (1) refill for the acute spasms in the upper trapezius/subscapular area. There was also a discussion of the use of Zanaflex. The injured worker denied diversion. It was noted that the injured worker denied current issues with medications, and there were no close

family members with medication addiction or alcoholism. It was annotated that the physician reviewed the office guidelines that there is one (1) designated prescriber for medications. Other guidelines pertaining to the office visit and the rules of the office were reviewed with the injured worker. The Request for Authorization for Ultram extended-release (ER) (300 mg every morning) #30 with one (1) refill, Norco 10 (up to 3 times a day, and occasionally half end of shift) #105 with one (1) refill, and baclofen (10 mg, half to 1 at bedtime x 1 week, and up to twice a day as needed) #50 with one (1) refill for the diagnosis of cervical pain, cervical degenerative disc disease, and muscle spasms, was submitted on 01/23/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **NORCO 10/325 #105, WITH ONE (1) REFILL: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation web-based edition ([http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html)).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 78,80, 91.

**Decision rationale:** The Chronic Pain Guidelines state that hydrocodone/acetaminophen (Norco) is indicated for moderate to mildly severe pain. The guidelines state that opioids for chronic pain appear to be efficacious, but limited for short term pain relief; long term efficacy is unclear (greater than 16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. The guidelines also state the four (4) "A's" for ongoing management for opioid usage are analgesia, activities of daily living, adverse side effects and aberrant drug taking behaviors. In the clinical notes provided for review, it is annotated that the injured worker has been on Norco for an undetermined amount of time. The guidelines state that the use of opioids should not be greater than sixteen (16) weeks. The clinical notes address the office guidelines of the usage of prescription opioids; however, it is not annotated if the injured worker did not show aberrant behaviors only that he denied any medication side effects or family members with alcohol or medication addictions. It is interpreted that the injured worker had been using a transcutaneous electrical nerve stimulation (TENS) unit due to neck and back pain; however, it is not interpreted if the injured worker had used non-steroidal anti-inflammatory drugs (NSAIDs) or other forms of conservative treatment along with the use of the TENS unit with efficacy or lack of efficacy noted. Furthermore, the frequency for the prescription of Norco is not indicated in the request. Therefore, the request for Norco 10/325 #105, with one (1) refill is not medically necessary.

#### **ULTRAM EXTENDED-RELEASE (ER) 300MG #30, WITH ONE (1) REFILL: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation web-based edition ([http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html)).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 78, 93-94.

**Decision rationale:** The Chronic Pain Guidelines state that Ultram is indicated for moderate to severe pain. Ultram extended-release (ER) dosage for injured workers currently not on immediate-release Ultram should be started at a dose of 100 mg once daily. The dose should be titrated upwards by 100 mg increments if needed (max dose 300 mg per day). The guidelines also state that the use of opioids appears to be efficacious, but limited for short term pain relief; long term efficacy is unclear (greater than 16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. The guidelines also state the four (4) "A's" for ongoing management for opioid usage are analgesia, activities of daily living, adverse side effects and aberrant drug taking behaviors. In the clinical notes provided for review, it was annotated that the injured worker has been on Ultram ER for an extended amount of time. The guidelines state that the use of opioids should not be greater than sixteen (16) weeks. It is annotated that the injured worker had been using the TENS unit due to neck and back pain; however, it is not annotated if the injured worker had used non-steroidal anti-inflammatory drugs (NSAIDs) or other forms of conservative treatment along with the use of the TENS unit with efficacy or lack of efficacy noted. Furthermore, the frequency for the prescription of Ultram ER is not indicated in the request. Therefore, the request for Ultram ER 300 mg #30, with (1) refill is not medically necessary.

**BACLOFEN 10MG #50, WITH ONE (1) REFILL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation web-based edition ([http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html)).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Antispasticity drugs Page(s): 63-64.

**Decision rationale:** The Chronic Pain Guidelines state that muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Baclofen is recommended 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 (trigeminal neuralgia, not FDA approved). The dosing of baclofen is 5 mg three (3) times a day with upward titration can be made every three (3) days up to a maximum dose of 80 mg a day. In the clinical notes provided for review, there is a lack of documentation of the injured worker having spasticity within the physical examination. It is only noted that there is tenderness and tightness in the back of the neck and scapular area. The efficacy of the medication was not provided for review. Furthermore, the frequency for the prescription of Baclofen is not indicated in the request. Therefore, the request for Baclofen 10 mg #50, with one (1) refill is not medically necessary.

