

<b>Case Number:</b>	CM14-0026087		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	04/07/2003
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 41 year old male who sustained an injury on 04/07/03. No specific mechanism of injury was noted. The injured worker was followed for ongoing complaints of chronic low back pain radiating to the lower extremities. The injured worker had multiple revision procedures for previously placed spinal cord stimulator. The injured worker was also provided multiple medications for ongoing chronic pain including Baclofen 10mg, Norco 10/325mg utilized every six hours, Oxycontin 60mg utilized every eight hours, Senna as a laxative, and Trazadone 50mg one to two tablets at night for sleep. As of 12/03/13 the injured worker reported severe low back pain radiating to the lower extremities. The injured worker had two prior disc replacements at L4-5 and L5-S1 in 2005. The injured worker indicated that medications reduced pain and allowed him to be more functional. The injured worker felt that he would have difficulty performing even normal activities of daily living without medications. The injured worker was under opioid contract as of this visit. No specific physical examination findings were noted outside of vital signs. Norco and Oxycontin were continued at this visit. The injured worker was seen on 02/04/14 for continuing pain management evaluation. The injured worker reported not feeling well secondary to the flu. The injured worker felt that his complaints of pain remained unchanged. The physical examination was again limited to vital signs only. No aberrant drug behaviors were reported at this visit and medications were continued. The most recent urine drug screen results were positive for Oxycodone and Hydrocodone. The letter from the letter of appeal indicated the injured worker was being recommended to contact an attorney. The injured worker was reported to have continuing attractable pain. There were concerns for acute withdrawal and significant emotional and psychological side effects from medication cessation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **NORCO 10/325MG #120 REFILL 1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

**Decision rationale:** In regards to the use of Norco 10/325mg #120, this reviewer would have recommended this medication as medically necessary based on clinical documentation submitted for review and current evidence based guidelines. The injured worker was utilizing Norco up to four tablets per day as breakthrough pain medication for his ongoing chronic low back pain radiating to the lower extremities. Clinical records noted functional improvement with continuing use of Norco and substantial pain reduction. Compliance measures have been initiated and the injured worker was under pain contract. There was no indication of any aberrant medication behavior in the clinical notes provided for review. Given the evidence, the request for Norco 10/325mg #120 is medically necessary.

### **BACLOFEN 10MG #160 REFILL 5:** 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): 63-67.

**Decision rationale:** In regards to the use of Baclofen 10mg quantity #160, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. Chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, Baclofen 10mg #160 is not medically necessary.

### **OXYCONTIN 60MG #90 REFILL 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

**Decision rationale:** In regards to the request for Oxycontin 60mg #90, this reviewer would not have recommended this medication as medically necessary based on clinical documentation submitted for review and current evidence based guidelines. Clinical documentation submitted for review notes the injured worker was substantially exceeding guideline recommendations for the maximum amount of narcotics taken in one day set at 100mg morphine equivalent dosage (MED) per day. The use of Oxycontin at 60mg three times daily set the injured worker at a total MED of 310mg per day including the use of Norco, as breakthrough pain medication. Although the injured worker reported ongoing pain relief with narcotic medications there was no discussion of attempts at weaning the injured worker down to a more appropriate level of narcotic intake. Given that the injured worker had substantially exceeded guideline recommendations, Oxycontin 60mg #90 is not medically necessary.