

<b>Case Number:</b>	CM14-0031529		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/23/2004
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 and 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 38-year-old female who reported an injury on 06/23/2004. The mechanism of injury reportedly occurred when she fell off of a bus. The diagnoses included lumbar postlaminectomy syndrome. Prior therapies included a spinal cord stimulator and aquatic therapy. Per the 02/11/2014 progress report, the injured worker reported her pain medicine was working. She reported 1 and a half to 2 teaspoons of Codeine helped. She reported no side effects. The provider refilled her medications including Codeine and Baclofen. Per the 04/08/2014 progress report, the injured worker reported a pain level of 7 to 8 out of 10 and being able to function more normally on pain medications. The injured worker's Baclofen and Codeine were refilled. A Request for Authorization form for a medication refill was submitted 03/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Codeine Sulfate 30mg/5ml, 1 bottle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78,86.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** The California MTUS Guidelines state opioid management should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The medical records provided indicate a prescription for codeine since at least 01/14/2014. It was noted the injured worker's pain was controlled for the most part with her medications. There is a lack of documentation regarding significant pain relief, objective functional improvements, appropriate medication use, and side effects. Based on this information, continued use is not supported. As such, the request is not medically necessary.

**Baclofen 10mg Quantity: 480.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

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

**Decision rationale:** The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The medical records provided indicate a prescription for Baclofen since at least 01/14/2014. There is a lack of documentation regarding objective findings of muscle spasm. There is no indication of significant pain relief or objective functional improvements with the use of Baclofen. Nonetheless, the guidelines do not recommend the long-term use of muscle relaxants. Based on this information, continued use is not supported. As such, the request is not medically necessary.