

<b>Case Number:</b>	CM14-0040791		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	11/29/1996
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 62-year-old male with an 11/29/96 date of injury. At the time (3/13/14) of request for authorization for Methadone 10mg #120, Baclofen 5mg #60, and Hydrocodone 10/325mg #60. There is documentation of subjective (moderate to severe chronic low back pain with spasms, rated as a 6 out of 10, radiating to the bilateral lower extremities and into the feet) and objective (tenderness to palpation over the lumbar paraspinal musculature with spasms, decreased lumbar range of motion, positive straight leg raise test, decreased knee reflexes, and decreased sensation over the feet) findings, current diagnoses (chronic lumbar discogenic pain, lumbar post-laminectomy syndrome, status post lumbar fusion and removal of hardware, and chronic neuropathic pain secondary to lumbar disc disease), and treatment to date (Methadone, Baclofen, and Hydrocodone since at least since at least 10/15/13 with pain relief). Regarding Methadone 10mg #120, there is no documentation that the potential benefit of Methadone outweighs the risk; that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Methadone. Regarding Baclofen 5mg #60, there is no documentation of acute exacerbation of chronic low back pain, short-term (less than two weeks) treatment, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Baclofen. Regarding Hydrocodone 10/325mg #60, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication

use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Hydrocodone.

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

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

#### **Methadone 10mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone; Opioids Page(s): 61-62; 74-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of Methadone used as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk, and that Methadone is being prescribed by providers with experience in using it, as criteria necessary to support the medical necessity of Methadone. In addition, MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic lumbar discogenic pain, post-laminectomy syndrome, status post lumbar fusion and removal of hardware, and chronic neuropathic pain secondary to lumbar disc disease. In addition, there is documentation of moderate to severe pain and that Methadone is being prescribed by providers with experience in using it. However, there is no documentation that the potential benefit of Methadone outweighs the risk. In addition, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, despite documentation of pain relief with use of Methadone, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Methadone. Therefore, based on guidelines and a review of the evidence, the request for Methadone 10mg #120 is not medically necessary.

#### **Baclofen 5mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of chronic lumbar discogenic pain, lumbar post-laminectomy syndrome, status post lumbar fusion and removal of hardware, and chronic neuropathic pain secondary to lumbar disc disease. In addition, there is documentation of chronic low back pain with spasms. However, there is no documentation of acute exacerbation of chronic low back pain. In addition, given documentation of ongoing treatment with Baclofen since at least 10/15/13, there is no documentation of short-term (less than two weeks) treatment. Furthermore, despite documentation of pain relief with use of Baclofen, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Baclofen. Therefore, based on guidelines and a review of the evidence, the request for Baclofen 5mg #60 is not medically necessary.

**Hydrocodone 10/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic lumbar discogenic pain, lumbar documentation, status post lumbar fusion and removal of hardware, and chronic neuropathic pain secondary to lumbar disc disease. In addition, there is documentation of moderate to severe chronic pain. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, despite documentation pain relief with use of Hydrocodone, there is no documentation

of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Hydrocodone. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone 10/325mg #60 is not medically necessary.