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| <b>Case Number:</b>   | CM14-0079789 |                              |            |
| <b>Date Assigned:</b> | 07/18/2014   | <b>Date of Injury:</b>       | 02/03/2009 |
| <b>Decision Date:</b> | 08/27/2014   | <b>UR Denial Date:</b>       | 05/21/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/30/2014 |

### 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 Internal 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 patient is an injured worker with neck, back, and knee conditions. The date of injury was 02/03/2009. The Anesthesiology/algology follow up evaluation report dated February 10, 2014 documented the patient's complaints of continued low back pain post operatively. He is working and gaining strength, able to more activity on the same dose of medication. He needs refill of his medication to control the pain. The patient still has multiple medical problems. He still has back pain, post surgical, gradually improving. The medication helps him maintain his activities of daily living. He is working hard on his conditioning to regain all of his strength, including his back strength. He has been slowly and gradually improving. He has a continued focus of radicular pain down the back and left leg. He has some radiation of pain and numbness to the left toes, that waxes and wanes. His pain is otherwise currently stable and under control with the medication. The pain level also increases and decreases based on his activity level. The patient appears to have more pain with more activity. His condition is stable since the last visit, and he is still able to work. He states that the pain is well enough controlled that he is now able to do some light jogging. He has paid for his own gym membership and is starting to exercise and build strength. He has not yet had his industrial post operative physical therapy. His pain seems to be coming under control and he is able to continue to work. He had surgery on the left foot. The surgical area in the left foot is healing now. Physical examination findings were low back pain and muscle spasm 4/10, muscle spasm in the low back, lumbar flexion limited to 45 degrees with pain in the low back. Diagnoses were discogenic syndrome lumbar, discogenic syndrome cervical, headaches, hypertension, knee pain, muscle spasm, myofascial pain syndrome, lumbar facet arthropathy, insomnia, gastritis. Medications were MS Contin 30 mg, Norco 10/325 mg, Baclofen 10 mg, Elavil, Naprosyn Creme, Prilosec, Norvasc, and Atenolol. The Anesthesiology/algology follow up evaluation report dated January 13, 2014 documented

prescriptions for MS Contin 30 mg, Norco 10/325 mg, and Baclofen 10 mg. An agreed medical examination report dated 05-02-2012 documented a medication history that included MS Contin, Norco, Zanaflex, and Elavil (January 9, 2012).

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

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

**Hydrocodone 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) addresses opioids. The American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that the long-term use of opioids is not recommended. The ACOEM also states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. Chronic Pain Medical Treatment Guidelines (MTUS) addresses opioid dosing. The MTUS guidelines recommend that dosing not exceed 120 mg oral morphine equivalents per day. In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. The Anesthesiology/algology follow up evaluation report dated February 10, 2014 documented diagnoses of discogenic syndrome lumbar, discogenic syndrome cervical, headaches, hypertension, knee pain, muscle spasm, myofascial pain syndrome, lumbar facet arthropathy, insomnia, gastritis. The medications included MS Contin 30 mg QID (4 times a day) 120 tablets, and Norco 10/325 10 mg QID 120 tablets. Anesthesiology/algology follow up evaluation report dated January 13, 2014 documented prescriptions for MS Contin 30 mg QID 120 tablets, and Norco 10/325 mg QID 120 tablets. The agreed medical examination report dated 05-02-2012 documented a medication history that included MS Contin and Norco (January 9, 2012). There were no medical records from April 2014 available for review. The medical records document that the patient has chronic occupational injuries and has been prescribed the opioids, MS Contin and Norco long-term. The ACOEM guidelines do not support the long-term use of opioids. A medication regimen of MS Contin 30 mg QID and Norco 10/325 mg QID is equivalent to 160 mg oral morphine equivalents, which exceeds the MTUS recommended dosing guidelines. The medical records dated 04/03/14 were not available for review. The progress report dated 04/03/14 was not present to support the medical necessity of Norco (Hydrocodone/Acetaminophen). The MTUS, ACOEM, and FDA guidelines do not support the use of Hydrocodone 10 mg / Acetaminophen 325 mg (Norco). Therefore, the request for Hydrocodone 10/325mg #120 is not medically necessary.

**Baclofen 10mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation, Pain Procedure SummaryMuscle Relaxants.

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

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than Non-steroidal Anti-Inflammatory Drugs (NSAIDs) for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. The Chronic Pain Medical Treatment Guidelines addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. The FDA Prescribing Information states that Baclofen is indicated for spasticity resulting from multiple sclerosis. Baclofen may also be of some value in patients with spinal cord injuries and other spinal cord diseases. Baclofen is not indicated in the treatment of skeletal muscle spasm resulting from rheumatic disorders. The efficacy of Baclofen in stroke, cerebral palsy, and Parkinson's disease has not been established and, therefore, it is not recommended for these conditions. The Anesthesiology/algology follow up evaluation report dated February 10, 2014 documented diagnoses of discogenic syndrome lumbar, discogenic syndrome cervical, headaches, hypertension, knee pain, muscle spasm, myofascial pain syndrome, lumbar facet arthropathy, insomnia, gastritis. Medications included Baclofen 10 mg QID 120 tablets, and Naprosyn (NSAID). The Anesthesiology/algology follow up evaluation report dated January 13, 2014 documented prescription for Baclofen 10 mg QID 120 tablets. The agreed medical examination report dated 05/02/2012 documented a medication history that included the muscle relaxant Zanaflex (January 9, 2012). No medical records from April 2014 were available for review. Medical records document that the patient has chronic occupational injuries and has been prescribed muscle relaxants long-term. The MTUS guidelines do not support the long-term use of muscle relaxants. Medical records do not document multiple sclerosis or spinal cord injury. The MTUS and FDA guidelines recommend Baclofen only for multiple sclerosis or spinal cord diseases. The patient has been prescribed Naprosyn, which is an NSAID. The ACOEM guidelines state that using muscle relaxants in combination with NSAIDs has no demonstrated benefit. The medical records for the date of service DOS 04/03/14 were not available for review. The progress report dated 04/03/14 was not present to support the medical necessity of Baclofen. The MTUS, ACOEM, and FDA guidelines do not support the use of Baclofen. Therefore, the request for Baclofen 10mg #120 is not medically necessary.

