

<b>Case Number:</b>	CM14-0093381		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	09/15/1997
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 and Pain Medicine and is licensed to practice in California and Washington. 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 57-year-old female who reported an injury on 09/15/1997. The mechanism of injury was not provided. The injured worker's diagnoses included post lumbar laminectomy pain syndrome with left lower extremity radiculopathy responsive to transforaminal epidural injections and bilateral L3 to S1 facet pain due to spondylosis. The injured worker's past treatments included medications and surgery. In the clinical note dated 05/08/2014, the injured worker complained of low back and bilateral lower extremities pain rated 4/10 and ranged from 4/10 to 10/10. The injured worker had limited range of motion at the lumbar spine due to pain. The injured worker's medications included Percocet 10/325 mg every 6 to 8 hours as needed and baclofen 10 mg twice a day as needed. The medical records indicated a urine drug screen obtained on 03/12/2014 that was consistent with the medication regimen. The request was for Percocet 10/325 #100 and baclofen 10 mg #160. The rationale for the request was not provided. The request for authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #100:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOID MANAGEMENT Page(s): 78.

**Decision rationale:** The request for Percocet 10/325 mg #100 is not medically necessary. The injured worker was diagnosed with post lumbar laminectomy pain syndrome, left lower extremity radiculopathy, and bilateral L3 to S1 facet pain due to spondylosis. The injured worker complained of low back pain and bilateral lower extremities pain rated 4/10 to 10/10. The California MTUS Guidelines recommend an ongoing review of medications with documentation of pain relief, functional status, appropriate medication use, and side effects. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. The medical records indicated a urine drug screen obtained on 03/12/2014 that was consistent with the medication regimen. The medical records did not include side effects of the medication. There was a lack of documentation indicating the injured worker had significant objective functional improvement with the medication. Additionally, the request did not indicate the frequency of the medication. As such, the request for Percocet 10/325 mg #100 is not medically necessary.

**Baclofen 10mg #160:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for baclofen 10 mg #160 is not medically necessary. The injured worker was diagnosed with post lumbar laminectomy pain syndrome, left lower extremity radiculopathy, and bilateral L3 to S1 facet pain due to spondylosis. The injured worker complained of low back pain and bilateral lower extremities pain rated 4/10 to 10/10. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for the 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. Baclofen is recommended for a short course of therapy. This medication is not recommended to be used for longer than 2 to 3 weeks. The injured worker has been prescribed baclofen since at least 12/05/2013. The injured worker's medical records lacked documentation of the efficacy of the medication, the time frame of efficacy, the efficacy of functional status that the medication provides, and the pain rating pre and post medication. Additionally, the request does not indicate the frequency of the medication. As such, the request for baclofen 10 mg #160 is not medically necessary.