



<b>Case Number:</b>	CM14-0098724		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	03/11/2005
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 11, 2005. Thus far, the applicant has been treated with the following: Analgesic medication, attorney representation; opioid therapy; adjuvant medications; and earlier lumbar laminectomy surgery. In a Utilization Review Report dated June 17, 2014, the claims administrator denied a lumbar support, apparently partially approved a request for Neurontin, partially approved/conditionally approved a request for methadone, approved a request for Norco, conditionally approved/partially approved a request for OxyContin, partially certified a request for Topaz for weaning purposes, partially certified a request for Zanaflex for weaning purposes, and partially certified a request for baclofen, also for weaning purposes. The applicant's attorney subsequently appealed. In a progress note dated June 11, 2014, the applicant reported 10/10 pain. The applicant was apparently pending spine surgery. The applicant was off of work: "on disability." The applicant was using Neurontin, methadone, methylprednisolone, Norco, OxyContin, Topamax, and Zanaflex, it was stated. The applicant's average pain level was scored as "10/10." The applicant was having difficulty standing and walking and was using a cane to move about. The applicant exhibited severe spasm, it was stated. Soma and Cymbalta were discontinued. Neurontin, methadone, Norco, OxyContin, Topamax, Zanaflex, and baclofen were endorsed. It was stated that baclofen was being endorsed on a trial basis as other medications had failed. In a field case management note dated May 28, 2014, the applicant was described as off of work, on total temporary disability. On May 14, 2014, the applicant was again described as a disabled former police officer. The applicant was using a cane, it was stated. 10/10, severe pain was noted. The applicant was asked to continue Soma at a reduced rate, continue Cymbalta, continue Neurontin, continue methadone, condition Norco, condition OxyContin, continue

Topamax, continue Zanaflex, and hold Valium. It was stated that the applicant had failed a spinal cord stimulator trial and had refused intrathecal pump. A psychiatry evaluation was endorsed owing to the applicant's depressive issues

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

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

#### **LSO BRACE FOR LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 30.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 301, lumbar supports have not been shown to have any benefit outside of the acute phase of symptom relief. In this case, the applicant is, quite clearly, well outside of the acute phase of symptom relief following an industrial injury of March 11, 2005. Provision and/or ongoing usage of a lumbar support is not indicated at this late date, per ACOEM. Therefore, the request is not medically necessary.

#### **METHADONE 10MG #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant has been deemed disabled. The applicant is no longer working as a police officer or in any other capacity. The applicant continues to report 10/10 pain, despite ongoing opioid therapy. The applicant is having difficulty performing even basic activities of daily living, such as standing, walking, etc. All the above, taken together, do not make a compelling case for continuation of opioid therapy. Therefore, the request is not medically necessary.

#### **OXYCONTIN 80MG #90: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation When to Continue Opioids topic.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant failed to meet these criteria. The applicant is off of work. The applicant has been deemed permanently disabled. The applicant continues to report severe pain, 10/10, despite ongoing OxyContin usage. The applicant is having difficulty performing even basic activities of daily living, such as standing and walking. All the above, taken together, do not make a compelling case for continuation of opioid therapy. Therefore, the request is not medically necessary.

#### **4. TOPAZ 100MG #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 21, Topiramate Section.2. MTUS page 7.3. MTUS 9792.20f. Page(s): 7, 21,.

**Decision rationale:** While page 21 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of Topamax as a second-line anticonvulsant when other anticonvulsants have been tried and/or failed, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the applicant has been using Topaz (Topamax) for sometime. The applicant remains off of work, on total temporary disability. The applicant continues to report severe pain, 10/10. The applicant continues to remain highly reliant and highly dependent on three separate opioids. All the above, taken together, suggest a lack of functional improvement as defined in the MTUS 9792.20f, despite ongoing Topaz (Topamax) usage. Therefore, the request is not medically necessary.

#### **ZANAFLEX 4MG #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 66, Tizanidine/Zanafle section.2. MTUS page 7.3. MTUS 9792.20f Page(s): 7,66.

**Decision rationale:** While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine or Zanaflex is FDA approved in the management of spasticity and can be employed off label for low back pain, as is present here, this recommendation is qualified by the commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of

medication efficacy into his choice of recommendations. In this case, the applicant is off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on several different opioid agents. The applicant continues to report severe pain in the 10/10 range, despite ongoing Zanaflex usage. All the above, taken together, suggest a lack of functional improvement as defined in the MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request is not medically necessary.

**BACLOFEN 10MG #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen section Page(s): 64.

**Decision rationale:** In contrast to the other medications, baclofen was apparently introduced for the first time, on a trial basis, on June 11, 2014. As noted on page 64 of the MTUS Chronic Pain Medical Treatment Guidelines, baclofen is indicated in the treatment of spasticity and muscle spasm associated with multiple sclerosis and/or spinal cord injury, but can be used off label for neuropathic pain. In this case, the applicant does have some element or some degree of neuropathic pain. Given the failure of numerous other analgesic medications, a trial of baclofen is therefore indicated. Accordingly, the request is medically necessary.