

<b>Case Number:</b>	CM14-0184797		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	12/10/2008
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 Family Practice and is licensed to practice in New Jersey. 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 worker is a 43 year old male who was injured 12/10/2008. He was diagnosed with bilateral ankle fracture, and later ankle and foot pain, degenerative joint disease of the ankle, and mixed mood disorder partially related to his injury and pain. He was treated with surgery (ankle), medications, massage, injections, ice, and physical therapy, but continued to experience chronic pain, for which he began seeing a pain specialist. The worker was seen on 9/24/14 by his primary treating physician, reporting bilateral knee pain, bilateral ankle pain, bilateral foot pain, and low back pain rated at 6-8/10 on the pain scale. He also reported having muscle spasms, numbness and tingling, and limited movement. He reported massage and ice helped. Physical findings included less severe tenderness and spasm in the leg muscles since starting Baclofen, and there was also decreased range of motion in both ankles. He was then prescribed his then current medications which included Nexium, ibuprofen, Lyrica, Baclofen, and oxycodone, and was recommended to continue his home exercises daily, have a trial of morphine sulfate, as well as have another injection of Orthovisc into his right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MSIR 15mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, initiating therapy Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that for a therapeutic trial of opioids, there needs to be no other reasonable alternatives to treatments that haven't already been tried, there should be a likelihood that the patient would improve with its use, and there should be no likelihood of abuse or adverse outcome. Before initiating therapy with opioids, the MTUS Chronic Pain Guidelines state that there should be an attempt to determine if the pain is nociceptive or neuropathic (opioids not first-line therapy for neuropathic pain), the patient should have tried and failed non-opioid analgesics, goals with use should be set, baseline pain and functional assessments should be made (social, psychological, daily, and work activities), the patient should have at least one physical and psychosocial assessment by the treating doctor, and a discussion should be had between the treating physician and the patient about the risks and benefits of using opioids. Initiating with a short-acting opioid one at a time is recommended for intermittent pain, and continuous pain is recommended to be treated by an extended release opioid. Only one drug should be changed at a time, and prophylactic treatment of constipation should be initiated. In the case of this worker, there seemed to be insufficient documented evidence that a full discussion of risks and benefits as well as goals associated with the addition of morphine sulfate. It is not clear from the documentation as to why an initiation of opioid medication is warranted considering the worker had weaned off of opioids in the past for this injury. Without a more clear explanation and evidence of a full introductory discussion with the worker about initiating opioids again, the MSIR will be considered medically unnecessary.

**Baclofen 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

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

**Decision rationale:** The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. Baclofen is one of the muscle relaxants with the least amount of clinical evidence in terms of clinical effectiveness, according to the MTUS Guidelines for chronic pain. In the case of this worker, baclofen was being used with some reported benefit, not measurable. However, since chronic use of this medication is generally not recommended, and there was no evidence to suggest the worker was experiencing an acute flare-up which might have warranted a short course of treatment with baclofen, it will be considered medically unnecessary to continue.