

<b>Case Number:</b>	CM14-0190331		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	01/20/2006
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 Medicine and is licensed to practice in California and Texas. 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:

This is a 59 year old female patient who sustained a work related injury on 1/20/2006. The exact mechanism of injury was not specified in the records provided. The current diagnoses include rotator cuff dysfunction, cervical myofascial strain and inter cervical disc disease without myelopathy per the doctor's note dated 9/11/14, and patient has complaints of shoulder pain. Physical examination revealed moderate para cervical myospasms. Per the doctor's note dated 10/9/14 patient had complaints of pain at 6/10 Physical examination revealed limited range of motion, muscle spasm and normal sensory and motor examination. The current medication lists include Etodolac, Suboxone, Baclofen and Limitrol. Diagnostic imaging reports were not specified in the records provided. Any surgical or procedure note related to this injury were not specified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg #90 x 2 refills:** 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 ANTISPASTICITY DRUGS- Baclofen, Muscle relaxants (for pain) Page(s): 64, 63.

**Decision rationale:** Baclofen is a muscle relaxer used to treat muscle symptoms caused by multiple sclerosis, including spasm, pain, and stiffness. According to California MTUS, Chronic pain medical treatment guidelines, Baclofen "It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries." Any evidence of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries was not specified in the records provided. California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain (LBP). Per the guideline, "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications." Patient had a chronic injury and any evidence of acute exacerbations in pain was not specified in the records provided. The date of injury for this patient is 1/20/2006. As the patient does not have any acute pain at this time, the use of muscle relaxants is not supported by the CA MTUS chronic pain guidelines. Furthermore, as per guidelines skeletal muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. Therefore the medical necessity of Baclofen 10mg #90 times two refills is not established for this patient.

**Limitrol DS 10/25mg #10:** 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 Antidepressants for chronic pain Page(s): 13.

**Decision rationale:** The medication Limitrol DS 10/25mg contains amitriptyline and chlordiazepoxide and is indicated for the treatment of patients who had moderate to severe depression associated with moderate to severe anxiety. According to the California MTUS chronic pain guidelines antidepressant are "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." The date of injury for this patient is 1/20/2006. A detailed history of anxiety or depression was not specified in the records provided. A detailed evaluation by a psychiatrist for stress related conditions is not specified in the records provided. Rationale for using amitriptyline and chlordiazepoxide in combination was not specified in the records provided. The individual response of amitriptyline and chlordiazepoxide was not specified in the records provided. The medical necessity of the request for Limitrol DS 10/25mg #10 is not fully established in this patient.

**Suboxone Film 2/.05mg #90:** 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 Opioids, criteria for use, CRITERIA FOR USE OF OPIOIDS, Therapeutic Trial of Opioids Page(s):.

**Decision rationale:** Suboxone (buprenorphine and naloxone) is used to treat opiate addiction. According to California MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Suboxone Film 2/.05mg #90 is not established for this patient.

**Etodolac 400mg #60 x 2 refills:** Overturned

**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 Anti-inflammatory medications Page(s): 22.

**Decision rationale:** Etodolac belongs to a group of drugs called nonsteroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000)." The current diagnoses include rotator cuff dysfunction, cervical myofascial strain and intercervical disc disease without myelopathy. Per the doctor's note dated 9/11/14, patient has complaints of shoulder pain. Physical examination revealed moderate para cervical myospasms. Per the doctor's note dated 10/9/14 patient had complaints of pain at 6/10. Physical examination

revealed limited range of motion, muscle spasm. NSAIDS like Etodolac are first line treatments to reduce pain. Etodolac 400mg #60 x 2 refills use is deemed medically appropriate and necessary in this patient.