

<b>Case Number:</b>	CM14-0192249		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	04/28/2009
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a repetitive trauma work injury due to climbing a ladder with date of injury of 04/28/09. She was seen on 08/27/14 with chronic low back and bilateral upper extremity pain. Pain was rated at 8/10. Physical examination findings included decreased spinal range of motion with decreased upper extremity and left lower extremity strength. She had gluteal trigger points and positive Tinel's at the right wrist. Trigger point injections were performed. Ultram, and baclofen were prescribed. Urine drug screening was ordered. On 10/20/14 she was having constant low back pain and intermittent bilateral wrist pain. Pain was rated at 7-8/10 without medications and 4-5/10 with medications which is described as barely tolerable. Medications were causing sedation. She was continuing to work on a full-time basis. Physical examination findings included low back tenderness and decreased range of motion. Ultram 100 mg #60 and baclofen 10 mg #90 were refilled and Cymbalta was prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram ER 100 mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, dosing Page(s): 76-80; 86.

**Decision rationale:** The claimant is more than 5 years status post work-related injury and continues to be treated for low back and bilateral upper extremity pain. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In this case, Ultram ER is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Ultram ER was medically necessary.

**Baclofen 10 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

**Decision rationale:** The claimant is more than 5 years status post work-related injury and continues to be treated for low back and bilateral upper extremity pain. Oral baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries and is used off-label in the treatment of trigeminal neuralgia. A non-sedating muscle relaxant is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no identified new injury or acute exacerbation and baclofen has been prescribed on a long-term basis. It is therefore not medically necessary.