

<b>Case Number:</b>	CM14-0192921		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	10/30/2013
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 76-year-old gentleman with a date of injury of 10/30/2013. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 08/01/2014 and 10/10/2014 indicated the worker was experiencing lower back pain that went into the right leg. Documented examinations consistently described moderate to severe tenderness in the mid-lower back, slightly decreased right foot strength, and decreased sensation in the right outer leg and foot. The submitted and reviewed documentation concluded the worker was suffering from failed back syndrome, lumbar stenosis with radiculopathy, and bulging lower back disk(s). Treatment recommendations include pain medications, modified activities, additional lower back surgery, and a MRI of the lower back. A Utilization Review decision was rendered on 11/12/2014 recommending non-certification for an unlimited number of home physical therapy sessions, an additional four hours of home health services once weekly, ninety tablets of Norco (Hydrocodone with Acetaminophen) 10/325mg, twenty tablets of baclofen 10mg, and four Butrans (Buprenorphine) 20mg/h patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butruan 20mg #4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA: <http://www.drugs.com/pro/butrans-patch.html>

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Buprenorphine, Weaning of Medications Page(s): 74-95, 26-27 and 124.

**Decision rationale:** Buprenorphine is a unique opioid (a partial agonist at the mu receptor and an antagonist at the kappa receptor) used for pain control. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include such elements as the current pain intensity and the pain intensity after taking the opioid medication, among others. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. However, an ongoing review of the overall situation should be continued with special attention paid to the continued need for this medication, potential abuse or misuse of the medication, and non-opioid methods for pain management. The Guidelines recommend an individualized taper when the benefits of this treatment do not outweigh the risks and/or negative effects. The submitted documentation indicated the worker was experiencing lower back pain that went into the right leg. There was no recorded assessment containing at least most of the elements recommended by the Guidelines. There was no individualized risk assessment for the use of this medication. There was also no suggestion this medication was causing improved pain intensity or functions, when the medication was started, or if weaning had been attempted. In the absence of such evidence, the current request for four Butrans (buprenorphine) 20mg/h patches is not medically necessary. Because the risks far outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.

**Baclofen 10mg #20:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Weaning of Medications Page(s): 63-66 and 124.

**Decision rationale:** Baclofen is in the antispastic muscle relaxant class of medications. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. The Guidelines support the use of baclofen in the treatment of spasticity and muscle spasm related to multiple sclerosis or spinal cord injuries. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The MTUS Guidelines recommend a slow, individualized taper when baclofen is not medically necessary to avoid

complications from physical withdrawal. The submitted documentation indicated the worker was experiencing lower back pain that went into the right leg. There was no suggestion the worker was experiencing a flare up of his on-going symptoms, this medication was causing improved pain intensity or function, when the medication was started, or if weaning had been attempted. There was also no individualized risk assessment for the use of this medication. In the absence of such evidence, the current request for twenty tablets of baclofen 10mg is not medically necessary. Because the risks far outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.

**Norco 10-325mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95 and 124.

**Decision rationale:** Norco (Hydrocodone with Acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing lower back pain that went into the right leg. There was no recorded assessment containing at least most of the elements recommended by the Guidelines. There was no individualized risk assessment for the use of this medication. There was also no suggestion this medication was causing improved pain intensity or functions, when the medication was started, or if weaning had been attempted. In the absence of such evidence, the current request for ninety tablets of Norco (Hydrocodone with Acetaminophen) 10/325mg is not medically necessary. Because the risks far outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.

**Additional Home Health Care 4 hours a week once a week: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter and <http://www.medicare.gov/Publications/Pubs/pdf/10969.pdf>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**Decision rationale:** The MTUS Guidelines recommend the use of home health services for those who are homebound and for a maximum of thirty-five hours per week. The worker must have a skilled need, not just require homemaker assistance. The submitted documentation indicated the worker was experiencing lower back pain that went into the right leg. There was no recorded assessment detailing the worker's limited function, the specific skilled need, that the worker was homebound, the number of service hours the worker was already receiving, or the reason(s) additional hours were needed. In the absence of such evidence, the current request for an additional four hours of home health services once weekly is not medically necessary.

**Additional Home Physical Therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Function Chapter, page 114 and Official Disability Guidelines (ODG), Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 and 99.

**Decision rationale:** The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ("fading") should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted documentation indicated the worker was experiencing lower back pain that went into the right leg. There was no recorded assessment detailing the worker's limited function, suggestion the worker was homebound, the number of physical therapy sessions the worker had previously received for this issue, or the reason(s) additional sessions were needed. In the absence of such evidence, the current request for an unlimited number of home physical therapy sessions is not medically necessary.