

<b>Case Number:</b>	CM14-0202159		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	07/21/2010
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Rehab, has a subspecialty in Pain Management, 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 patient is a 45-year old male with date of injury 07/21/10. The treating physician report dated 8/29/14 (8) indicates that the patient presents with pain affecting his back, buttock, and right leg. The physical examination findings reveal numbness and tingling and a decreased range of motion. Prior treatment history includes right L5-S1 laminotomy and foraminotomy with discectomy conducted in 04/12 and a redo conducted on 3/5/14. The patient additionally had a laser disc/partial relief on 4/5/12 and 3/10/14 discectomy. MRI findings dated 3/7/14 (78) reveal there is a retractor in the posterior paraspinal soft tissues at L5-S1 with surgical retractor directed at the inferior endplate of L4 and neural foramina. The current diagnoses are: - Lumbosacral sprain/strain-Thoracic sprain/strain-CervicciaThe utilization review report dated 11/21/14 denied the request for MRI Lumbar Spine, Norco 10/325 mg#115 and Baclofen 10mg #90 based on ACOEM and MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Low Back>, MRIs (magnetic resonance imaging).

**Decision rationale:** The patient presents with pain affecting his back, buttock, and right leg. The treating physician report dated 8/29/14 (8) indicates the patient examination findings reveal numbness and tingling and a decreased range of motion. The current request is for MRI of the lumbar spine. Previous MRI of lumbar spine on 3/7/14 (78) revealed there is a retractor in the posterior paraspinal soft tissues at L5-S1 with surgical retractor directed at the inferior endplate of L4 and neural foramina. The ACOEM and MTUS guidelines do not address repeat MRI scans. The ODG guidelines state, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, Neurocompression, recurrent disc herniation). The guidelines do not support routine MRI's in the absence of "significant change in symptoms and/or findings suggestive of significant pathology. Such is not demonstrated in this patient. Therefore, the request is not medically necessary.

**Pharmacy purchase of Norco 10/325mg #115:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids from Chronic Pain Page(s): 78, 88-89.

**Decision rationale:** The patient presents with pain affecting his back, buttock, and right leg. The treating physician report dated 8/29/14 (8) indicates the patient examination findings reveal numbness and tingling and a decreased range of motion. The current request is for Pharmacy purchase of Norco 10/325mg #115. For chronic opiate use, MTUS Guidelines pages 88-89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, there is no before and after pain scales, no discussion regarding ADLs or functional improvements and there is no documentation of side effects or aberrant behaviors. The MTUS guidelines require much more thorough documentation for ongoing opioid usage. The current request is not medically necessary and the patient should be slowly weaned per MTUS guidelines. Therefore, the request is not medically necessary.

**Pharmacy purchase of Baclofen 10mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

**Decision rationale:** The patient presents with pain affecting his back, buttock, and right leg. The treating physician report dated 8/29/14 (8) indicates the patient examination findings reveal numbness and tingling and a decreased range of motion. The current request is for Pharmacy purchase of Baclofen 10mg #90. MTUS notes Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. MTUS additionally discusses muscle relaxants for pain, page 63 states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. 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. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, Methocarbamol, dantrolene, and baclofen." In this case, the treating documentation provided does not discuss the efficacy or use of this medication, and it is not noted to be used for short term. The patient has been prescribed muscle relaxants since at least 3/6/14(36) and the current request is prescribed for long term usage. Therefore, the request is not medically necessary.