

<b>Case Number:</b>	CM14-0203156		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	07/21/2005
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/07/2014
<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 Emergency Medicine 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:

This 58 year old worker has a date of injury 07/21/2005. The injured worker (IW) sustained a pulling and twisting injury to his lower back, left hip and left lower extremity. According to an agreed on medical examination of 02/10/2008, the injury exacerbated an existing degenerative disc disease that had been relatively asymptomatic prior to the injury. He received many orthopedic evaluations, and had surgery that included three lumbar medial branch radiofrequency neurotomies at L3, L4, L5, Sacral alae & S1 both sides on the dates of 08/11/2010, 07/15/2009, and 02/01/2012. An electromyogram and nerve conduction study of the bilateral lower extremities on 11/07/2008 showed left L5 lumbar radiculopathy. He has received ongoing treatment for chronic lower backache and poor sleep. His diagnoses are low back pain, spinal/lumbar degenerative disc disease, lumbar radiculopathy, and lumbar facet syndrome. On the visit of 06/26/2014, the IW stated that he twisted his low back 06/08/2014 and had a flare-up of pain for two weeks prior with the pain rated as 7 on a scale of 10 with medications. Objectively, the IW walks with a cane and has a left-sided antalgic gait. His lumbar spine range of motion is restricted with pain. On palpation paravertebral muscle spasm and tenderness was noted on both the sides. Lumbar facet loading was positive on both sides. There were no motor deficits in the hips or lower extremities. Reflexes had absent knee jerk on both sides. Straight leg raising test was positive on the left side. He has been on Avinza 90 mg daily for long acting pain control, Norco 10/325 mg Max 5/day for breakthrough pain and Baclofen 10 mg three times daily for muscle spasms. With medications he is independent in ADL's and is able to walk and participate in Tai Chi for exercise. The IW at the time of the 06/26/2014 exam had been stable on his medications regimen for the prior six months. A pain agreement was reviewed, and a Urine drug screen was consistent with the prescribed medications. A past attempt to decrease the Baclofen medication resulted in muscle spasm pain requiring bed rest. In a progress report of

10/15/2014, the IW rated his pain 10/10 without medications that reduced to 8/10 with the use of muscle relaxers and high dose opioids. A review of systems noted limited motion, back pain, muscle pain, indigestion and nausea. The physical evaluation was essentially unchanged since the 06/26/2014 visit. The IW is not working. On 10/30/2014 a request for authorization (ROA ) was made for prospective requests for 1 prescription of Lidoderm 5% patch (700mg/patch) #60 between 10/16/2014 and 01/02/2015, 1 prescription of Norco 10/325 #150 between 10/16/2014 and 01/02/2015, 1 prescription of Avinza 90 mg #24 between 10/16/2014 and 01/02/2015, and 1 prescription of Baclofen 10mg #90 between 10/16/2014 and 01/02/2015. The utilization review letter of 11/06/2014 approved the Lidocaine patches. It non-certified 1 prescription of Norco 10/325 #150 between 10/16/2014 and 01/02/2015, modified the prospective request of 1 prescription of Avinza 90 mg #24 between 10/16/2014 and 01/02/2015 to a certification of 1 prescription of Avinza 90 mg #24 between 10/16/2014 and 01/02/2015, and non-certified the prospective request of Baclofen 10mg #90 between 10/16/2014 and 01/02/2015. Guidelines cited were California Chronic Pain Medical Treatment Guidelines (CA-MTUS. Rationale given for the non-certification of Norco was that a request for Norco 10/325 #150 was certified in review on 11/5/2014. The Avinza 90 mg #24 between 10/16/2014 and 01/02/2015 was modified to allow a taper and the prospective request of Baclofen 10mg #90 between 10/16/2014 and 01/02/2015 was noncertified after a review of the utilization showed that a request for Baclofen 10mg #90 was certified on 11/05/2014. On 12/04/2014, the IW made application for independent medical review for Norco 10/325mg #150, Avinza 90mg #30, and Baclofen 10mg #90.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg #150:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

**Decision rationale:** Norco is acetaminophen and hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Patient has reportedly continued severe pain even with current opioid therapy. The amount opioids currently being taken also exceeds the recommended maximum of 120mg Morphine Equivalent Dose. Patient is currently on 140mg MED which exceeds recommendation as per MTUS chronic pain guidelines. Patient has reported improvement in activity of daily living with current medications but pain is still 8/10 which does not correlated with claimed improvement in pain. Short acting opioids such as Norco should be weaned first to bring it below the maximum recommended level. Review of provided UR records show that another prescription for Norco 10/325 #150 was already approved on 11/5/14. This prescription for Norco is not medically necessary.

**Avinza 90mg #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

**Decision rationale:** Avinza is extended release oral morphine, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Patient has reportedly continued severe pain even with current opioid therapy. The amount opioids currently being taken also exceeds the recommended maximum of 120mg Morphine Equivalent Dose. Patient is currently on 140mg MED which exceeds recommendation as per MTUS chronic pain guidelines. Patient has reported improvement in activity of daily living with current medications but pain is still 8/10 which does not correlated with claimed improvement in pain. Patient is stable on Avinza and has objective improvement in function despite continued pain. While tapering of opioids should be considered, the continued use of long acting opioid for this patient shows enough benefit to recommend continued use as per guidelines. Avinza is medically necessary.

**Baclofen 10mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity Drugs Page(s): 67.

**Decision rationale:** As per MTUS Chronic pain guidelines, Baclofen is only recommended in spasms related to spinal cord injuries, multiple sclerosis or cerebral related spasticity. There is some evidence to support its use in trigeminal neuralgia. Pt does not meet any criteria for use despite claim of benefit. Baclofen is not medically necessary.