

<b>Case Number:</b>	CM15-0133561		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	10/15/2008
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Florida, New York, Pennsylvania  
 Certification(s)/Specialty: Family Practice

### 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 male, who sustained an industrial injury on 10/15/2008. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar strain and right knee/foot/ankle contusion. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 5/20/2015, the injured worker complains of low back pain radiating to the right knee and foot. Physical examination showed decreased lumbar range of motion, decreased deep tendon reflexes of the lower extremity and medial joint tenderness, rated 8/10 with medications and 9/10 without medications. The treating physician is requesting Tramadol ER 150 mg #30 and Baclofen 10 mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81, 79-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2  
Page(s): 11, 13, 14, 80, 86, 87, 93-95.

**Decision rationale:** Tramadol is a member of a class of centrally acting analgesics and is a synthetic opioid exhibiting opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Tramadol may produce life-threatening serotonin syndrome, in particular when used concomitantly with SSRIs, SNRIs, TCAs, MAOIs, and triptans or other drugs that may impair serotonin metabolism. A recent Cochrane review found that this drug decreased pain intensity, produced symptom relief and improved function for a time period of up to three months but the benefits were small (a 12% decrease in pain intensity from baseline). Adverse events often caused study participants to discontinue this medication, and could limit usefulness. There are no long-term studies to allow for recommendations for longer than three months. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids, for long-term use, cannot be supported as there is a lack of evidence to allow for a treatment recommendation. A meta-analysis found that opioids were more effective than placebo for reducing pain intensity but the benefit for physical function was small and was considered questionable for clinical relevance. Opioids can be recommended on a trial basis for short-term use after there has been evidence of failure of first-line medication options such as acetaminophen or NSAIDs when there is evidence of moderate to severe pain. With radicular/neuropathic pain then antidepressants would be considered first line agents unless found to be ineffective, poorly tolerated or otherwise contra-indicated. They represent a proven alternative and can be an option in non-neuropathic pain when associated with a diagnosis of depression as well as in chronic LBP syndromes. If chronic use of opioids is entertained then before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities. Continuation of the use of opioids would be best assessed on the basis of a return to work with evidence for improved functioning and reduced pain. The primary risk with continued use is that 36 to 56% of users have a lifetime risk for substance use disorders. Additionally there is the risk of diversion, tolerance and hyperalgesia resulting in gradual increases in medication dosing and evidence for decreasing benefits. This member was found to have had a stable condition with no documented evidence for a sustained reduction in pain or improvement in practical function related to the use of opioids over an extended period of time. The UR Non-Certification is supported. The request is not medically necessary.

**Baclofen 10mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2  
Page(s): 63, 64.

**Decision rationale:** The general class of agents used as muscle relaxants are generally recommended for short term use only and with caution due to side effects as second line agents for patients with exacerbations of back pain. There is no evidence that they will show a benefit

beyond that of NSAIDs or that there is any additional benefit in combination with NSAIDs. Efficacy appears to diminish with time and maximal benefit appears to decline after approximately 4 days. Sedation is the most common class effect and needs to be considered in those having to drive or operate heavy equipment. Drugs with the most limited published evidence in terms of clinical effectiveness include Baclofen. Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis, spinal cord injuries and possibly Trigeminal Neuralgia. In this case no description of side effects (or their absence) is reported. No description of muscle spasms is available from the notes with regard to location, duration, impact on function and ADLs or the benefit of Baclofen. The member's pain is reported to improve from 9/10 to 8/10 with the combined use of Tramadol and Baclofen. This cannot be described as a significant change that would address ADLs and quality of life. Based on the short-term indications for use of this class of agent and failure to show evidence for improved function use of Baclofen cannot be supported. The request is not medically necessary.