

<b>Case Number:</b>	CM15-0136090		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	08/12/1979
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: Connecticut, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 74 year old male, who sustained an industrial injury on August 12, 1979. He was involved in a spinal crush injury. Treatment to date has included Harrington Rod stabilization to T11-12 with reversal, decompression of syringomyelia with shunt placement, durable medical equipment and supplies. Currently, the injured worker complains of chronic neck and back pain with associated numbness into the extremities and pain to his left upper and lower extremities. He reports diminished ability to perform activities of daily living and he uses a motorized wheelchair for mobility. On physical examination, the injured worker has tenderness to palpation over the cervical spine with moderate spasms noted. His cervical range of motion is decreased in all fields with increasing pain on movement. His right shoulder has tenderness to palpation over the shoulder girdle with decreased range of motion and his left hand is hypersensitive to touch. The diagnoses associated with the request include lumbago, cervical radiculitis, pain in limb, and cervicalgia. The treatment plan includes Norco, Baclofen, Iron, Butrans patch, Lyrica, Lidoderm Patch, and durable medical equipment and supplies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

**Decision rationale:** Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably modified the request to facilitate appropriate weaning as the medication was added in 2014 and there is no objective evidence of improved function. Given the lack of clear evidence to support functional improvement on the medication and the chronic risk of continued treatment, the request for Norco is not considered medically necessary.

**Baclofen 5mg #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. However, in most cases, they seem no more effective than NSAIDs for treatment. There is also no additional benefit shown in combination with NSAIDs. There is an indication of spasticity on physical exam, however, the patient has not experienced resolution of symptoms with this medication, and it is not indicated for long-term use. With no objective evidence of pain and functional improvement on the medication previously, the request cannot be considered medically necessary and weaning has been appropriately encouraged by utilization review.

**Iron (unspecified dosage) #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.aafp.org/afp/2007/0301/p671.html>.

**Decision rationale:** Iron supplementation is not discussed by the MTUS or ODG. In this case, the reference cited above provides adequate recommendation regarding the use of iron supplementation. In this case, no dosage has been specified, and there is no evidence of recent CBC to definitely assess the need for iron supplementation. Because there is more information needed, the request cannot be considered medically necessary at this time.