

<b>Case Number:</b>	CM15-0138947		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	04/28/2008
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 48 year old female, who sustained an industrial injury on April 28, 2008. Treatment to date has included pain medications, knee brace, and NSAIDS. Currently, the injured worker complains of low back pain. She rates her pain an 8 on a 10-point scale and reports that her pain is the same as during the previous evaluation. She reports left knee pain and has tenderness to palpation over the patella. The diagnoses associated with the request include low back pain, bilateral knee pain and left leg reflex sympathetic dystrophy. The treatment plan includes orthopedic consultation to evaluation knee pain, knee brace replacement, Lyrica, Amitriptyline, Norco, Baclofen and ibuprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, pages 64-65.

**Decision rationale:** Baclofen USP is a centrally acting muscle relaxant and anti-spastic that may be useful for alleviating signs and symptoms of spasticity resulting from multiple sclerosis, reversible and in patients with spinal cord injuries and other spinal cord diseases. However, Baclofen is not indicated in the treatment of skeletal muscle spasm as in this case. MTUS Guidelines do not recommend long-term use of Baclofen and medical necessity has not been established. Submitted documents have not demonstrated any functional improvement from treatment of Baclofen being prescribed for this chronic injury. The Baclofen 10mg #60 is not medically necessary and appropriate.

**Lyrica (Pregabalin) 100mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drug (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica), page 100.

**Decision rationale:** Per review, Lyrica was modified for #90. Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. This anti-epileptic medication may be helpful in the treatment of radiculopathy and would be indicated if there is documented significant benefit. It appears the medication has been prescribed for quite some time; however, there is no documented functional improvement as the patient continues with constant severe significant pain level and remains functionally unchanged for this chronic 2008 injury. Submitted medical report has not adequately demonstrated indication and functional benefit to continue ongoing treatment with this anti-epileptic. The Lyrica (Pregabalin) 100mg is not medically necessary and appropriate.

**Amitriptyline 50mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressant Page(s): 13-16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain, 13-16.

**Decision rationale:** Per utilization review, Amitriptyline was modified for #15 for weaning. Per Guidelines, Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment; however, submitted reports have not demonstrated the medical indication or functional improvement from treatment already rendered for this chronic injury with continued pain complaints. Report has noted the patient with complaints of persistent pain taking chronic medications without

demonstrated specific functional improvement in terms of increased ADLs, decreased medication profile and medical utilization for this chronic 2008 injury. The Amitriptyline 50mg is not medically necessary and appropriate.