

Case Number:	CM15-0141407		
Date Assigned:	07/31/2015	Date of Injury:	09/07/2010
Decision Date:	09/28/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/21/2015

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 55 year old female, who sustained an industrial injury on 09-07-2010. The injured worker is currently off work. The injured worker is currently diagnosed as having lumbar radiculopathy, limb pain, low back syndrome, constipation, muscles spasms, lumbar region sprain, and lumbar vertebral compression fracture. Treatment and diagnostics to date has included home exercise program, urine drug screens, and medications. In a progress note dated 06-18-2015, the injured worker reported chronic low back pain. Objective findings included lower extremity swelling, tenderness to palpation over the lumbar spine and sacral area, and positive straight leg raise test on the left. The physician noted that recent urine drug screens have been consistent and lumbar spine MRI dated 07-28-2014 showed degenerative changes with a disc bulge measuring 2mm at L1-2 causing mild dural compression. The treating physician reported requesting authorization for Norco, Tramadol, and Baclofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria For Use Of Opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient was injured on 09/07/10 and presents with low back pain. The request is for Norco 10/325 Mg #60. There is no RFA provided and the patient is not currently working. She has been taking this medication as early as 11/20/14 and treatment reports are provided from 11/20/14 to 06/18/15. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids-Therapeutic Trial of Opioids, also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse 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. MTUS Guidelines, under Opioids For Chronic Pain, pages 80 and 81 state the following regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." The 03/26/15 report states that the patient is "stable on her current medication regimen and is able to complete ADLs with use of the medication." The 04/23/15 report states that the "UDS 1/9/2015 [is] consistent." In this case, not all of the 4 As are addressed as required by MTUS Guidelines. There are no before and after medication pain scales provided. There are no examples of specific ADLs to demonstrate medication efficacy. There are no discussions provided on adverse behavior/side effects, no validated instruments are used, and no outcome measures provided as required by MTUS Guidelines. There are no pain management issues discussed such as CURES report, pain contract, et cetera. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Norco is not medically necessary.

Tramadol 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria For Use Of Opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient was injured on 09/07/10 and presents with low back pain. The request is for Tramadol 50 Mg #120. There is no RFA provided and the patient is not currently working. She has been taking this medication as early as 11/20/14 and treatment reports are provided from 11/20/14 to 06/18/15. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated

instrument." MTUS page 78 under Criteria For Use of Opioids-Therapeutic Trial of Opioids, also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse 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. MTUS Guidelines, under Opioids For Chronic Pain, pages 80 and 81 state the following regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." The 03/26/15 report states that the patient is "stable on her current medication regimen and is able to complete ADLs with use of the medication." The 04/23/15 report states that the "UDS 1/9/2015 [is] consistent." In this case, not all of the 4 As are addressed as required by MTUS Guidelines. There are no before and after medication pain scales provided. There are no examples of specific ADLs to demonstrate medication efficacy. There are no discussions provided on adverse behavior/side effects, no validated instruments are used, and no outcome measures provided as required by MTUS Guidelines. There are no pain management issues discussed such as CURES report, pain contract, et cetera. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Tramadol is not medically necessary.

Baclofen 10mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

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

Decision rationale: The patient was injured on 09/07/10 and presents with low back pain. The request is for Baclofen 10 Mg #90 With 2 Refills. There is no RFA provided and the patient is not currently working. There is no indication of when the patient began taking this medication. Regarding muscle relaxants for pain, MTUS Guidelines page 63 states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation 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 and pain and overall improvement. Also, there is no additional benefit shown in combination with the 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." The patient is diagnosed with lumbar radiculopathy, limb pain, low back syndrome, constipation, muscles spasms, lumbar region sprain, and lumbar vertebral compression fracture. Based on the guidelines, the requested medication is listed as one with the least published evidence of clinical effectiveness and is recommended for short-term use only. The current request is for 90 tablets of baclofen with 2 refills. There is no indication if this medication will be used on a short-term basis. Therefore, the requested Baclofen is not medically necessary.

