

<b>Case Number:</b>	CM15-0163912		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	04/04/2001
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 64 year old female, who sustained an industrial injury on 4-4-01. She reported injuries to the neck, back, psyche and bladder after slipping. The injured worker was diagnosed as having severe degenerative disc disease of cervical and lumbar spine, adjacent segment disease of cervical and lumbar spine, cervical and lumbar radiculopathies, cervical and lumbar stenosis and probable psuedoarthrosis at C4-5. Treatment to date has included acupuncture, aqua therapy, and oral medications including Hydromorphone 4mg, zanaflex, Cymbalta 100mg, lorant, venlafaxine 375mg, gabapentin 800mg and trazadone 100mg; and physical therapy. Currently on 7-15-15, the injured worker complains of stabbing neck pain with radiation to chest on right side, and numbness, pins and needles into hands; she rates the neck pain 9 out of 10, mid back pain which is constant and stabbing and located between the shoulder blades and rated 9 out of 10, 7 out of 10 with aqua therapy and low back stabbing pain in the center of low back and across buttocks with radiation down posterior aspect of right leg, she notes her leg feels very weak and occasionally uses a walker and she rates the pain 9 out of 10; she noted improvement of movement with aqua therapy and notes she continues to have difficulty sleeping due to pain. Disability status is noted to be permanent and stationary. Physical exam performed on 7-15-15 revealed markedly antalgic gait, uses walking sticks for ambulation, limited range of motion of cervical, thoracic and lumbar spine and difficulty rising from a seated position. A request for authorization was submitted on 7-17-15 for MS Contin 30mg #90, Dilaudid 4mg #96, Diclofenac 100mg #60, Baclofen 10mg #90 and follow up visit.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 prescription of Dilaudid 4mg, #96:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p 78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals insufficient documentation to support the medical necessity of Dilaudid or sufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Per progress report dated 4/27/15 it was noted that the injured worker rated her low back pain 9-10 without medication and 8/10 with medication. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

### **1 prescription of Baclofen 10mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) 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 in pain and overall improvement." Regarding Baclofen: "It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries." As the documentation provided for review does not indicate that the injured worker has multiple sclerosis or spinal cord injury, which are the conditions for which Baclofen is recommended, the request is not medically necessary. Furthermore, the medical records indicate that the injured worker was being treated with tizanidine on a long term basis and therefore is not medically necessary.