

Case Number:	CM15-0169514		
Date Assigned:	09/10/2015	Date of Injury:	11/14/2001
Decision Date:	10/14/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/28/2015

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 57 year old female who sustained an industrial injury on November 14, 2001. A primary treating office visit dated April 02, 2015 reported chief subjective complaint of back, knee and hip pain. Current medication regimen consisted of: Cymbalta, Gabapentin 300mg, Ambien, and Duragesic patches 75 mcg, Prozac, Baclofen, Xanax, and Norco 10mg. The following diagnoses were applied: lumbago, low back pain; sciatica; radiculitis, lumbar and thoracic; hip and pelvic pain; sacroiliac joint dysfunction; disc degeneration, lumbosacral, and trochanteric bursitis. She is permanently disabled. Follow up dated May 14, 2015 reported chief subjective complaint of back leg and knee pain; right knee is worse. She states the patches were not authorized and without medications she cannot perform activities of daily living. She further states that medications and intermittent injections have been a beneficial combination for her pain. There is note of triple blocks pending scheduling and standing recommendation for Duragesic patches 75mcg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #30 with 4 refills: 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: Based on the 05/20/15 progress report provided by treating physician, the patient presents with pain to low back and leg, and knee pain, rated 8/10 with and 10/10 without medications. The request is for BACLOFEN 10MG #30 WITH 4 REFILLS. RFA with the request not provided. Patient's diagnosis on 05/20/15 includes trochanteric bursitis, hip/pelvic pain, and SI joint dysfunction. Physical examination on 05/14/15 revealed tenderness to the lumbar spine, facet joints and sacroiliac joints. Range of motion was decreased. Positive Patrick's test. Examination of the lower extremities revealed tenderness to the joint line of the bilateral knees, decreased range of motion and positive McMurray's bilaterally. The patient had a left SI joint injection on 06/30/15. Treatment to date has included injections, UDS's, and medication management. Patient's medications include Norco, Duragesic patch, Baclofen, Cymbalta and Gabapentin. The patient is permanently disabled, per 05/20/15 report. MTUS Guidelines, page 63, Muscle Relaxants (for pain) section 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 in pain and overall improvement. Also there is no additional benefit shown in combination with 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." Baclofen has been included in patient's medications, per progress reports dated 04/02/15 and 05/14/15. It is not known when this medication was initiated. MTUS Guidelines do not recommend use of muscle relaxants for longer than 2 to 3 weeks. The patient has been prescribed Baclofen for almost 4 months from UR date of 07/29/15. The request for additional Baclofen would exceed guideline recommendation and does not imply intended short-term use of this medication. Furthermore, the request for quantity 30 with 4 refills is excessive. Treater does not document why the patient requires such a high dose, how it is being used on daily basis and with what specific effect. MTUS also requires a record of pain and function when medications are used for chronic pain, and physician monitoring. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

Norco 10/325mg #240: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on the 05/20/15 progress report provided by treating physician, the patient presents with pain to low back and leg, and knee pain, rated 8/10 with and 10/10 without

medications. The request is for NORCO 10/325MG #240. RFA with the request not provided. Patient's diagnosis on 05/20/15 includes trochanteric bursitis, hip/pelvic pain, and SI joint dysfunction. Physical examination on 05/14/15 revealed tenderness to the lumbar spine, facet joints and sacroiliac joints. Range of motion was decreased. Positive Patrick's test. Examination of the lower extremities revealed tenderness to the joint line of the bilateral knees, decreased range of motion and positive McMurray's bilaterally. The patient had a left SI joint injection on 06/30/15. Treatment to date has included injections, UDS's, and medication management. Patient's medications include Norco, Duragesic patch, Baclofen, Cymbalta and Gabapentin. The patient is permanently disabled, per 05/20/15 report. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 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, CRITERIA FOR USE OF OPIOIDS Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS p 90 states, "Hydrocodone has a recommended maximum dose of 60mg/24 hrs." Norco has been included in patient's medications, per progress reports dated 04/02/15 and 05/14/15. It is not known when this medication was initiated. Per 05/14/15 report treater states "Medications are working. Without meds [the patient] cannot wash her own hair, she cannot do housework of any kind and is very limited in walking ability. She does so much better with meds and occasional injections... Continue medications. They are all working to allow [the patient] to function well." In this case, treater has addressed analgesia with pain scales and provided some ADL's. Progress report dated 04/02/15 states the patient "is stable on current medications. She has no side effects from the medications." UDS report dated 07/14/15 was provided demonstrating consistent results, but no discussions on aberrant behavior, opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. Furthermore, MTUS does not clearly support chronic opiate use for the patient's chief complaint of chronic low back pain and radiculopathy. In addition, treater does not document why the patient requires such a high dose, how it is being used on daily basis and with what specific effect. MTUS also requires a record of pain and function when medications are used for chronic pain, and physician monitoring. Moreover, MTUS also does not support greater than 120 mg equivalent Morphine dosing without pain management specialty consult and very special circumstances. This request is not in accordance with guidelines and lacks documentation to warrant continuation of this medication. Therefore, the request IS NOT medically necessary.