

<b>Case Number:</b>	CM15-0191887		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	10/19/1998
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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: New York, California

Certification(s)/Specialty: Emergency 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 45 year old female who sustained an industrial injury on 10-19-98. The impression is noted as chronic low back pain secondary to lumbosacral degenerative disc disease with foraminal stenosis with disc extrusion L4-5, severe neuropathic pain, chronic pain syndrome, anxiety, opioid dependence, and lumbar myofascial pain syndrome. In a progress report dated 7-8-15, the physician notes complaints of pain that radiates to the right buttock and sometimes to the thigh and calf. Pain (5-18-15 to 7-8-15) is rated at 8 out of 10 at worst and 5 out of 10 at best, and that with medications she is able to perform activities of daily living and take care of a 7 year old with cerebral palsy. (Per the record dated 5-28-15 “without pain medication, she has difficulty getting out of bed due to severe excruciating sharp and shooting pain to her lower back and to her lower extremity”). Objective findings reveal an atalgic gait with a single point cane, tenderness on palpation of the lumbar paraspinals, decreased lumbar range of motion, with a negative straight leg raise and intact sensation. A urine drug screen dated 5-21-15 reports results are consistent with prescribed medication. Previous treatment includes medication (Norco, Xanax, Baclofen, Phenergan, Oxycodone noted since at least 1-31-14) and compound creams, H-Wave, a back brace, and a 4 wheeled walker. The treatment plan is to continue medications, continue H-Wave, and follow up in 2 months for trigger point injections. On 9-16- 15, the requested treatment of Norco 10-325mg #300, Xanax 1mg #60, Baclofen 10mg #120, and Phenergan 25mg #90 was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #300:** 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 for chronic pain, Opioids, specific drug list.

**Decision rationale:** CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. The IW has been taking this medication for a minimum of 8 months. The documentation does not include functional improvement related to the use of this medication. The IW remains complete disabled without report of improved pain with this medication. In addition, the request does not include dosing frequency or duration. The request for Norco analgesia is not medically necessary.

**Xanax 1mg #60:** 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): Benzodiazepines.

**Decision rationale:** Ca MTUS guidelines state that benzodiazepines are "not recommended for long term use because long term efficacy is unproven and there is a risk of dependence." Furthermore, guidelines limited treatment duration to 4 weeks. Records support the IW has been taking xanax for a minimum of 8 months. This clearly exceeds the recommended term of use and is not within CA MTUS guideline. Additionally, the request does not include frequency or dosing of this medication. The request is not medically necessary.

**Baclofen 10mg #120:** 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:** CA MTUS guideline states muscle relaxers should be used "as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." Guidelines further state, "Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time." With respect to Baclofen, guideline state "It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries." Documentation supports ongoing prescribing of baclofen for a minimum of 8 months. There is not documentation to support the IW's response to use of baclofen. As noted, the guidelines recommend against use for chronic pain. Documentation does not support a new or acute exacerbation of injury. The request is not medically necessary.

**Phenergan 25mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, antiemetics.

**Decision rationale:** The MTUS does not provide direction for the use of antiemetics. The Official Disability Guidelines recommends against their use for nausea presumed to be caused by chronic opioid intake. The treating physician has not provided an adequate evaluation of any condition causing nausea. The documentation does not discuss the circumstances of nausea, the effects of this medication on the nausea, or diagnoses to explain the cause of the nausea. The necessary indications are not present per the available guidelines and evidence and the request for phenergan is not medically necessary.