

<b>Case Number:</b>	CM15-0192810		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	07/05/2012
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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 55 year old male injured worker suffered an industrial injury on 7-5-2012. The diagnoses included lumbar degenerative disc disease with facet pain and cervical myelopathy after decompression. On 8-28-2015, the treating provider reported low back pain, bilateral arm pain and leg pain with burning sensation from the chest down. He had to sue the walker for mobility to prevent falls. The Baclofen was used at night for muscle spasms. On exam, there were sensory changes from about T7 and distally to the legs. The lumbar spine was tender. The right upper extremity range of motion was limited with decreased grip, absent reflexes at the bilateral biceps. The lower extremities had hyperreflexia without clonus and decreased sensation. Prior treatment included 5-4-2015 left lumbar radiofrequency ablation with greater than 85% relief. Other medications in use were Cyclobenzaprine, Gabapentin and Cymbalta. Norco and Baclofen had been in use since at least 3-17-2015. The documentation provided did not include evidence of a comprehensive pain evaluation with pain levels with and without medications, no evidence of functional improvement with requested treatments and no aberrant risk assessment. Request for Authorization date was 9-15-2015. The Utilization Review on 9-24-2015 determined non-certification for Norco 10/325mg #120 and Baclofen 10mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Decision rationale:** The patient presents on 09/17/15 with unrated lower back pain, particularly on the right. The patient's date of injury is 07/05/12. The request is for Norco 10/325MG #120. The RFA is dated 09/15/15. Physical examination dated 09/17/15 reveals pelvic tilt to the right, tenderness to palpation over the right SI joint and trochanteric bursa, positive FABER test, and positive pelvic rock test. The patient is currently prescribed Norco, Baclofen, Gabapentin, Cymbalta, and Cyclobenzaprine. Patient is currently classified as disabled. 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, p77, 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." In regard to the requested Norco for the management of this patient's chronic pain, the treater has not provided adequate documentation of efficacy to continue its use. Progress note dated 08/28/15 has the following regarding medication efficacy: "... The symptoms are stable but vary from day to day as long as he has the medications to manage the symptoms... These medications help manage his symptoms with no side-effects..." Progress note dated 09/17/15 states: "He takes hydrocodone 10mg four pills per day... to manage his symptoms..." Such vague documentation does not satisfy MTUS guidelines, which require analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, there is no indication that the patient is inconsistent with prescribed medications. However, there are no measures of analgesia via a validated scale, and the provider fails to specify activity-specific improvements attributed to Narcotic medications as well a discussion indicating a lack of aberrant behavior. Without documentation of analgesia, more specific functional improvements, and a statement regarding aberrant behavior, the continuation of this medication cannot be substantiated and the patient should be weaned. Owing to a lack of complete 4A's documentation, the request IS NOT medically necessary.

**Baclofen 10mg #60:** Upheld

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

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

**Decision rationale:** The patient presents on 09/17/15 with unrated lower back pain, particularly on the right. The patient's date of injury is 07/05/12. The request is for Baclofen 10MG #60. The RFA is dated 09/15/15. Physical examination dated 09/17/15 reveals pelvic tilt to the right, tenderness to palpation over the right SI joint and trochanteric bursa, positive FABER test, and positive pelvic rock test. The patient is currently prescribed Norco, Baclofen, Gabapentin, Cymbalta, and Cyclobenzaprine. Patient is currently classified as disabled. MTUS Guidelines, Muscle Relaxants for Pain Section, 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 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." In regard to the continuation of Baclofen for this patient's pain and muscle spasms, the requesting provider has exceeded guideline recommendations. Progress notes indicate that this patient has been receiving Baclofen since at least 03/17/15 with some evidence pain relief and functional improvements noted. However, MTUS guidelines do not support the use of muscle relaxants such as Baclofen long term. The requested 60 tablets in addition to prior use does not imply the intent to limit this medication to short term. Therefore, the request IS NOT medically necessary.