

<b>Case Number:</b>	CM15-0196466		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	09/27/2011
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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: Washington, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 31 year old male who sustained an industrial injury September 27, 2011. Diagnoses have included low back strain; chronic pain syndrome; degeneration of lumbar intervertebral disc; and anxiety/depression secondary to chronic pain. Comorbid conditions include obesity (BMI 39.6). Treatments have included physical therapy, epidural steroid injection and medications. Lumbar MRI (October 21, 2011) showed L5-S1 disc protrusion abutting nerve roots in the lateral recesses bilaterally. According to a treating physician's progress notes, dated August 31, 2015, the injured worker reported continued low back pain and bilateral leg numbness and pain when he stood too long. He also noted going to an emergency room a few days before this visit with complaints of diarrhea and low back pain where he received diclofenac, intravenous fluids and morphine. The physician documented the injured worker is taking medication appropriately and safely as prescribed and that a recent request for physical therapy had been denied. Current medication included Baclofen (since June 5, 2015), Naprosyn, and Ultracet (initiated April 28, 2015). Objective findings included; antalgic gait favoring the right, forward flexed body posture; lumbar spine special test of seated straight leg raise positive bilaterally at 60 degrees. Treatment plan included awaiting psychology sessions and referral for multidisciplinary evaluation. At issue, is the request for authorization dated September 1, 2015, for Baclofen, Naprosyn, and Ultracet. According to utilization review dated September 16, 2015, the requests for Baclofen 10mg #30, Refill (2), Ultracet 37.5-325mg #60, Refill 2, and Naprosyn 500mg #60, Refill (2) are non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg #30, refill;2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** Baclofen is a GABA receptor blocker and thus acts as a central nervous system depressant. It is used orally as a skeletal muscle relaxant to treat spasticity in upper motor neuron conditions, such as cerebral palsy, multiple sclerosis, trigeminal neuralgia and spinal cord injuries, and intrathecally to reduce dystonia. Because of the risk of withdrawal symptoms, this medication should not be stopped abruptly but rather weaned from use. Muscle relaxants, as a class of medications, can be helpful in reducing pain and muscle tension thus increasing patient mobility. However, they are recommended for short-term use only as their efficacy appears to diminish over time. Muscle relaxants are considered no more effective at pain control than non-steroidal anti-inflammatory medication (NSAIDs) and there is no study that shows combination therapy of NSAIDs with muscle relaxants has a demonstrable benefit. This patient has been on continuous Baclofen therapy for over 2 months. There is no documentation of present muscle spasms symptomatology or indications that this medication has improved patient's mobility or ability to return to work. Medical necessity for continued use of Baclofen has not been established. The request is not medically necessary.

**Ultracet 37.5/235mg #60, refill; 2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction,.

**Decision rationale:** Tramadol/APAP (Ultracet, Ultracet ER) is a combination medication made up of the opioid, Tramadol, and acetaminophen, better known as Tylenol. Tramadol has mu-receptor opioid agonist activity and is used to treat moderate to severe pain. Tramadol/APAP ER is an extended release formulation of this medication. Appropriate dosing should not exceed 400 mg/day and it should be used with caution in any patient taking Selective Serotonin Reuptake Inhibitors (SSRI) as together they may cause a potentially fatal condition known as Serotonin Syndrome. There are no studies showing effective use of this medication for chronic pain that

lasts greater than 3 months. However, the MTUS describes use of narcotics for control of chronic pain. Even though this is not considered a first line therapy, the chronic use of narcotics is a viable alternative when other therapeutic modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The MTUS has specific recommendations for following patients on chronic opioid therapy to prevent such morbidity and mortality from occurring. Acetaminophen is considered the safest medication for use to treat chronic pain. However, it should be used cautiously in combination preparations in order to prevent liver damage. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day. The patient has been using this medication for over 6 months. However, the provider has not been following the MTUS criteria in that there is no documentation of improved pain control nor the presence or absence of significant side effects from use of this medication. Additionally, there is no documentation of a signed drug contract or urine drug screens for possible medication abuse. Without this documentation, the continued safe and effective use of this medication is questionable. Medical necessity for its continued use has not been established. The request is not medically necessary.

**Naprosyn 500mg #60 refill; 2: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Low Back Complaints 2004, Section(s): Initial Care, Summary, and Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

**Decision rationale:** Naprosyn is a non-steroidal anti-inflammatory medication (NSAID). NSAIDs as a group are recommend for treatment of osteoarthritis and for short-term use in treating symptomatic pain from joint or muscle injury. In fact, MTUS guidelines notes that studies have shown use of NSAIDs for more than a few weeks can retard or impair bone, muscle, and connective tissue healing and perhaps even cause hypertension. This patient has had stable chronic pain for over 12 weeks and thus can be considered past the point where NSAIDs should be of value in treatment unless used short-term for exacerbation of the patient's chronic injuries. As the records do not show instructions to the patient for use of this medication only for exacerbations it is not indicated for use at this time. Medical necessity has not been established. The request is not medically necessary.