

<b>Case Number:</b>	CM15-0197025		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	11/20/2002
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/25/2015
<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: 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(n) 36 year old male, who sustained an industrial injury on 11-20-02. The injured worker was diagnosed as having lumbago. Medical records (2-24-15 through 7-25-15) indicated 1-2 out of 10 pain at best and 6-7 out of 10 pain at worst in the lower back. The physical exam on 6-17-15 revealed left mid-back pain and spasms. As of the PR2 dated 9-14-15, the injured worker reports back pain and spasms. He rates his pain 1-2 out of 10 at best and 7-8 out of 10 at worst. There is no physical examination specific to the lumbar spine. Current medications include Baclofen (started on 6-17-15), Prilosec, Zyrtec, Vicodin ES (since at least 3-11-13) and Tramadol (started on 9-14-15). Treatment to date has included a home exercise program and physical therapy for the back started on 4-24-13 (number of sessions not provided) and Cyclobenzaprine. The treating physician requested Tramadol 50mg #30 x 6 refills, Vicodin ES 300-7.5mg x 3 refills and Baclofen 10mg #90 x 3 refills. The Utilization Review dated 9-25-15, non-certified the request for Tramadol 50mg #30 x 6 refills and modified the requests for Vicodin ES 300 - 7.5mg x 3 refills and Baclofen 10mg #90 x 3 refills to Vicodin ES 300 - 7.5mg up to #90 x 1 refills and Baclofen 10mg #42.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Tramadol 50mg #30 with 6 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids, cancer pain vs. non-malignant pain, Opioids, long-term assessment.

**Decision rationale:** The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use since at least 9/14/15 of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2002 injury without acute flare, new injury, or progressive neurological deterioration. The 1 prescription of Tramadol 50mg #30 with 6 refills is not medically necessary and appropriate.

**1 prescription of Vicodin ES 300/7.5mg with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment, Opioids, pain treatment agreement.

**Decision rationale:** It is unclear why the patient is being prescribed two short-acting opiates concurrently for pain. The patient has persistent chronic pain without change in clinical findings or functional status. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function

that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use (Vicodin since at least March 2013) of two short-acting opioids with persistent severe pain. The 1 prescription of Vicodin ES 300/7.5mg with 3 refills is not medically necessary and appropriate.

**1 prescription for Baclofen 10mg #90 with 3 refills: 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:** Baclofen is a centrally acting muscle relaxant and anti-spastic that may be useful for alleviating signs and symptoms of spasticity resulting from multiple sclerosis, reversible and in patients with spinal cord injuries and other spinal cord diseases. However, Baclofen is not indicated in the treatment of skeletal muscle spasm as in this case. MTUS Guidelines do not recommend long-term use of Baclofen and medical necessity has not been established. Submitted documents have not demonstrated any specific functional improvement from treatment of Baclofen being prescribed in terms of improved work status, decreased medication profile, decrease medical utilization or increased ADLs for this chronic 2002 injury without acute flare, new injury, or progressive neurological deterioration to support its continued use. The 1 prescription for Baclofen 10mg #90 with 3 refills is not medically necessary and appropriate.