

<b>Case Number:</b>	CM15-0197895		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	07/04/2003
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 70 year old male, who sustained an industrial injury on 7-4-2003. The injured worker is undergoing treatment for: cervical spine intervertebral disc degeneration, lumbosacral neuritis. On 7-31-15, he reported low back pain and leg pain. He indicated he does not like Zanaflex and was requesting Soma. He is reported as never trying Baclofen. On 8-28-15, he reported low back pain with intermittent leg pain and muscle spasms. He indicated Voltaren gel worked well for him, and Baclofen decreased his muscle spasms, Norco decreased his overall pain. He reported with the use of medications that his function and quality of life were improved. He denied side effects with Norco. His pain level is not documented. Objective findings revealed a normal gait, decreased sensation in the bilateral L3 dermatomes, and negative straight leg raise testing. The physical examination does not discuss hypertonicity or muscle spasms. The treatment and diagnostic testing to date has included: medications, and home exercises. Medications have included: Norco, Baclofen, and Voltaren one percent gel. He has been utilizing Baclofen since at least July 2015, possibly longer. Current work status: restricted. The request for authorization is for: Baclofen 10mg tablets quantity 30. The UR dated 9-9-15: modified certification of Baclofen 10mg quantity 15 for weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg tab #30:** 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 claimant has a remote history of a work injury in July 2003 and is being treated for chronic low back pain. In March 2015, medications are referenced as decreasing pain from 5/10 to 2-3/10 with improved walking tolerance and ability to perform activities of daily living. Muscle relaxants have included Soma, Flexeril, and Zanaflex. In June 2015 he had increased low back pain and his Norco was increased from 2 to 3 times per day. On 07/31/15 baclofen and Voltaren gel which he had used in the past were prescribed. In July and August 2015, pain scores were not recorded. When seen, Norco was decreasing pain and allowing him to stand and walk. There was decreased lower extremity sensation with an otherwise normal examination. Exercise was encouraged and an epidural steroid injection was considered. Conservative treatments were continued. Baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries and is used off-label in the treatment of trigeminal neuralgia. A non-sedating muscle relaxant is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no identified new injury or acute exacerbation and baclofen has been prescribed on a long-term basis. The claimant does not have spasticity due to an upper motor neuron condition. The request is not medically necessary.

**Norco 10/325mg #90:** Upheld

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

**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.

**Decision rationale:** The claimant has a remote history of a work injury in July 2003 and is being treated for chronic low back pain. In March 2015, medications are referenced as decreasing pain from 5/10 to 2-3/10 with improved walking tolerance and ability to perform activities of daily living. Muscle relaxants have included Soma, Flexeril, and Zanaflex. In June 2015, he had increased low back pain and his Norco was increased from 2 to 3 times per day. On 07/31/15 baclofen and Voltaren gel which he had used in the past were prescribed. In July and August 2015, pain scores were not recorded. When seen, Norco was decreasing pain and allowing him to stand and walk. There was decreased lower extremity sensation with an otherwise normal examination. Exercise was encouraged and an epidural steroid injection was considered. Conservative treatments were continued. A pain assessment should include the current level of pain, the least reported level of pain over the period since the last assessment, the average level of pain, the intensity of pain after taking the opioid medication, how long it takes for pain relief to occur, and how long the pain relief lasts. Satisfactory response to treatment may be indicated

by the patient's decreased pain, increased level of function, or improved quality of life. Criteria for the long-term use (6 months or more) of opioid medication includes that pain be assessed at each visit. In this case, the requesting provider increased the claimant's Norco but has not recorded his pain response to the increased dose during the past three months. For this reason, the request is not medically necessary.

**Voltaren 1% gel #1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk, Topical Analgesics.

**Decision rationale:** The claimant has a remote history of a work injury in July 2003 and is being treated for chronic low back pain. In March 2015, medications are referenced as decreasing pain from 5/10 to 2-3/10 with improved walking tolerance and ability to perform activities of daily living. Muscle relaxants have included Soma, Flexeril, and Zanaflex. In June 2015, he had increased low back pain and his Norco was increased from 2 to 3 times per day. On 07/31/15, baclofen and Voltaren gel which he had used in the past were prescribed. In July and August 2015, pain scores were not recorded. When seen, Norco was decreasing pain and allowing him to stand and walk. There was decreased lower extremity sensation with an otherwise normal examination. Exercise was encouraged and an epidural steroid injection was considered. Conservative treatments were continued. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, the claimant is over age 65 which would be a relative contraindication to an oral NSAID. He has localized low back pain that appears amenable to topical treatment. Generic medication is available. This request for Voltaren gel is medically necessary.