

Case Number:	CM15-0202166		
Date Assigned:	10/19/2015	Date of Injury:	11/17/2011
Decision Date:	12/02/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/14/2015

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 63 year old female, who sustained an industrial injury on 11-17-2011. The injured worker is undergoing treatment for: lumbar sprain and strain, and chronic pain syndrome. On 7-8-15, she reported upper and lower back pain rated 5-7 out of 10, current pain 6 out of 10, least reported pain since last visit 6 out of 10, average pain 6 out of 10, pain after taking opioid 5 out of 10, and pain relief lasts "few hours". It is unclear what a few hours are. On 9-2-2015, she reported low back pain described as burning, shooting, radiating and deep. She rated the pain 8 out of 10. Her current pain is noted as 7.5 out of 10, least reported pain over period since her last visit 7.5 out of 10, average pain 8 out of 10, pain level after opioid 7.5 out of 10, and the pain relief is noted to last for "hours". How many hours pain relief lasts is not documented. Objective findings revealed hypersensitivity to light touch to low back, and decreased lumbar range of motion. The treatment and diagnostic testing to date has included: laying down, medications, AME (12-3-13 and 12-9-14), cognitive behavioral therapy (2013), electromyogram (8-23-13), lumbar epidural steroid injection (10-15-12), magnetic resonance imaging of the lumbar spine (11-8-14), urine drug screen (3-24-15) and Baclofen since at least April 2015, possibly longer. Medications have included: Vicodin, Prilosec, baclofen, Lexapro, trazodone, and Xanax. The records indicate she has been utilizing Vicodin since at least 2013, possibly longer. Current work status: permanent and stationary. The request for authorization is for: Vicodin 5-300mg quantity 60, Baclofen 30mg quantity 45. The UR dated 9-30-2015: non-certified the request for Baclofen 30mg quantity 45, and Vicodin 5-300mg quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 30mg, #45: 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: Based on the 9/2/15 progress report provided by the treating physician, this patient presents with constant, burning, achy, radiating upper and lower back pain with numbness/weakness rated 8/10. The treater has asked for BACLOFEN 30MG, #45 on 9/2/15. The patient's diagnoses per request for authorization dated 9/18/15 are chronic pain syndrome, s/s lumbar. The patient is s/p recent bronchitis treatment from May 2015 with 2 courses of cortisone and a cortisone shot along with antibiotics per 9/2/15 report. The patient is s/p lumbar epidural steroid injection, MRI lumbar, physical therapy per 7/8/15 report. The patient is s/p worsening of low back pain over the last month, and has been self-treating with ice, heating, medications as well as bed-rest per 9/2/15 report. The patient is currently permanent and stationary as of 9/2/15 report. 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". The patient has had worsening low back pain the last month and the treater is requesting a temporary increase in Baclofen per requesting 9/2/15 report. Progress notes indicate that this patient has been receiving Baclofen since at least 5/6/15 and in subsequent reports dated 7/8/15 and 9/2/15. However, MTUS guidelines do not support muscle relaxants such as Baclofen for long-term use. In addition to prior 3 months of usage, the current request for 45 tablets does not imply the intent to utilize this medication for short-term use as per guideline recommendations. Therefore, the request is not medically necessary.

Vicodin 5/300mg, #60: Upheld

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

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: Based on the 9/2/15 progress report provided by the treating physician, this patient presents with constant, burning, achy, radiating upper and lower back pain with

numbness/weakness rated 8/10. The treater has asked for VICODIN 5/300MG, #60 on 9/2/15. The patient's diagnoses per request for authorization dated 9/18/15 are chronic pain syndrome, s/s lumbar. The patient is s/p recent bronchitis treatment from May 2015 with 2 courses of cortisone and a cortisone shot along with antibiotics per 9/2/15 report. The patient is s/p lumbar epidural steroid injection, MRI lumbar, physical therapy per 7/8/15 report. The patient is s/p worsening of low back pain over the last month, and has been self-treating with ice, heating, medications as well as bed-rest per 9/2/15 report. The patient is currently permanent and stationary as of 9/2/15 report. MTUS, Criteria for use of Opioids Section, pages 88 and 89 states that "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, page 77, 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." MTUS, Opioids for chronic pain Section, pages 80 and 81 states that "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." The treater does not discuss this request in the reports provided. The patient has been taking Vicodin since 5/6/15 and in reports dated 7/8/15 and 9/2/15. The patient has had a worsening of back pain and treater is requesting temporary increase in Vicodin per requesting 9/2/15 report. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia. The most recent UDS on 5/8/15 was constant but no CURES and no opioid contract were provided by the treater. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Furthermore, MTUS pg. 80 states that there is no evidence that radiculopathy should be treated with opiates, and also that the efficacy of opiate use for chronic low back pain beyond 16 weeks is not clear and appears to be limited. Therefore, the request is not medically necessary.