

<b>Case Number:</b>	CM15-0208053		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	02/27/2009
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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, Hawaii  
 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:

This injured worker is a 58 year old male, who sustained an industrial injury on 02-27-2009. The injured worker was diagnosed as having bulging lumbar disc and post laminectomy syndrome. On medical records dated 10-12-2015, the subjective complaints were noted as low back pain. Pain rated at 8 out of 10. Objective findings were noted as gait-station-slow and left antalgic. L4-S1 dermatome were diminished sensation to pain and temp. Low back was tender, facet loading was positive, and straight leg raise was positive. Treatments to date included medication. Current medications were listed as Baclofen, Oxycontin, Celecoxib, Depo-Testosterone Intramuscular Solution, Zolpidem Tartrate, Lyrica, and Norco (since at least 08-2015). The Utilization Review (UR) was dated 10-15-2015. A Request for Authorization was dated 10-13-2015. The UR submitted for this medical review indicated that the request for Baclofen 10mg #60 was non-certified and Norco 10-325mg #90 was modified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

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

**Decision rationale:** The patient presents with low back pain. The current request is for Norco 10/325mg #90. The treating physician's report dated 10/12/2015 (37B) states, "He states continued benefit with use of his Norco PRN 8TP which reduces his pain flare-up from 9-10/10 to 7/10 lasting approx 3H. He states the following effectiveness, and side effects of any medication. Medications indeed relieve pain levels when bed rest needs and positional limitations are not violated. Up to 70% resting pain relief with only 10-20% when prolonged sitting or stationary standing attempted." Medical records show that the patient was prescribed Norco since before 08/2015. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. The MTUS page 90 notes that a maximum dose for Hydrocodone is 60mg/day. While the physician documented before and after pain scales, there are no specific examples of ADLs to demonstrate medication efficacy. There are no pain management issues discussed such as CURES report, pain contract, etc. No outcome measures were provided as required by MTUS Guidelines. The physician did not provide a urine drug screen to see if the patient is compliant with his prescribed medications. In this case, the physician has not provided the proper documentation of the required criteria based on the MTUS Guidelines for continued opiate use. The current request is not medically necessary.

**Baclofen 10mg #60:** Overturned

**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): Muscle relaxants (for pain).

**Decision rationale:** The patient presents with low back pain. The current request is for Baclofen 10mg #60. The treating physician's report dated 10/12/2015 (37B) states, "He states significant relief of his muscle spasms with use of Baclofen." Medical records show that the patient was prescribed Baclofen since before 09/2015. MTUS Guidelines page 63 on muscle relaxants for pain states that it recommends non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation with patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension. MTUS page 64 on baclofen (Lioresal, generic available) states, "The mechanism of action is blockade of the pre- and post-synaptic GABA receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating non-sedating paroxysmal neuropathic pain." In this case, the physician has noted medication efficacy and the guidelines support the use of non-sedating muscle relaxants for patients with chronic low back pain. The current request is medically necessary.