MAXIMUS Federal Services

Case Number:	CM15-0209605		
Date Assigned:	10/28/2015	Date of Injury:	09/21/2011
Decision Date:	12/15/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/24/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, 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 66 year old female, who sustained an industrial-work injury on 9-21-11. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar facet arthropathy and lumbar radiculopathy. Medical records dated (7-27-15 to 9-21-15) indicate that the injured worker complains of neck pain, low back pain, upper extremity pain and lower extremity pain. The pain is rated 6-7 out of 10 on average with medications, 8-9 out of 10 on average without medications, which is the same. The injured worker reports that the pain has worsened; however, the use of the current medications has been helpful. She reports 30 percent improvement in pain with medications and is able to attend church and sleep better with improved quality of life. The medical records also indicate ongoing limitations with activities of daily living (ADL) due to pain. Per the treating physician report dated 9-21-15, the injured worker has not returned to work. The physical exam dated 9-21-15 reveals slow antalgic gait. There is lumbar spasm noted L4-S1 bilaterally, there is tenderness to palpation, lumbar range of motion is limited due to pain, facet signs were present in the lumbar spine bilaterally and there is tenderness of the bilateral knees. The physician indicates that he will recommend the injured worker to continue medications and also prescribed Baclofen and discontinued Tramadol due to limited response. Treatment to date has included pain medication such as Tramadol, Zolpidem, Naproxen, Gabapentin, Cyclobenzaprine, Baclofen since at least 9-21-15, Norco since at least 1-26-15, diagnostics, acupuncture, injections, and other modalities. The request for authorization date was 10-2-15 and requested services included Norco 5-325 mg Qty 90 and Baclofen 10 mg

Qty 30. The original Utilization review dated 10-7-15 modified the request for Norco 5-325 mg Qty 90 to Norco 5-325 mg Qty 40. The request for Baclofen 10 mg Qty 30 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg Qty 90: Upheld

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

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids, "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of Norco, nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, the request is not medically necessary.

Baclofen 10 mg Qty 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: With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) 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." Regarding Baclofen: "It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries." As the documentation provided for review does not indicate that the injured worker has multiple sclerosis or spinal cord injury, which are the conditions for which Baclofen is recommended, the request is not medically necessary.