

<b>Case Number:</b>	CM15-0021380		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	05/15/2012
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 54 year old male, who sustained an industrial injury on May 15, 2012. He has reported chronic low back pain and an abnormal gait. The diagnoses have included sprains and strains of sacroiliac region, lumbosacral join. Treatment to date has included radiographic imaging, diagnostic studies, pain medications, conservative treatment modalities and work modifications. Currently, the IW complains of chronic low back pain and an abnormal gait. The injured worker reported an industrial injury in 2012, resulting in chronic low back pain and an abnormal gait. He was treated conservatively without substantial benefits. On March 27, 2014, magnetic resonance imaging revealed lumbar abnormalities including bulging discs and stenosis. He reported depression secondary to a decreased ability to maintain pre-injury function. The physician noted the injured worker was having difficulty getting the prescribed medications and was experiencing more pain and lower ability to function without the medications. On January 30, 2015, Utilization Review non-certified a request for Norco 10/325 #120, Baclofen 20mg #60, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 2, 2105, the injured worker submitted an application for IMR for review of requested Norco 10/325 #120, Baclofen 20mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnosis is lumbosacral sprain. The documentation consists of 1 to 2 lines of minimal information with subjective and objective findings. The documentation not contain evidence of objective functional improvement with ongoing Norco 10/325 mg use. There are no detailed pain assessments in the medical record. There are no risk assessments in the medical record. Consequently, absent clinical documentation with evidence of objective functional improvement, detailed pain assessments and risk assessments, Norco 10/325#120 is not medically necessary.

**Baclofen 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Pain section, Muscle relaxants

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Baclofen 20 mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnosis is lumbosacral sprain. The documentation consists of 1 to 2 lines of subjective and objective findings. There is no physical examination and the latest progress note dated January 2015. The documentation does not contain evidence of objective functional improvement associated with ongoing baclofen 20 mg. Additionally, baclofen is indicated for short-term (less than two weeks) treatment of acute low back pain or need to exacerbate in a patient with chronic low back pain. The documentation does not contain evidence of an acute exacerbation of back pain and the treating physician has exceeded the recommended guidelines of 7 to 10 days. Consequently, absent compelling clinical documentation with objective functional improvement in excess of the recommended guidelines, Baclofen 20 mg #60 is not medically necessary.

