

<b>Case Number:</b>	CM15-0021848		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	11/07/1999
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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 64 year old female, who sustained an industrial injury on 11/07/1999. She has reported low back pain. The diagnoses have included lumbar back pain with radiculopathy; lumbar disc disorder with myelopathy; lumbar spondylosis without myelopathy; knee pain; and hip bursitis. Treatment to date has included medications. Medications have included Ultram and Robaxin. Currently, the injured worker complains of ongoing low back pain with numbness and tingling; pain is rated at 4/10 on the visual analog scale; and significant degree of relief of the chronic muscle spasms in the lower back when taking Robaxin. A progress note from the treating physician, dated 11/20/2014, reports objective findings to include seated straight leg raise sign is positive for L5 distribution radiating symptoms in the right leg at moderate elevation. The treatment plan has included a prescription for Baclofen. Request is being made for Baclofen 10 mg #180; and for Urine Drug Analysis. On 01/15/2015 Utilization Review non-certified a prescription for Baclofen 10 mg #180; and a prescription for Urine Drug Analysis. The CA MTUS and the ODG were cited. On 02/04/2015, the injured worker submitted an application for IMR for review of Biofeedback x 4 Sessions; Group Psychotherapy 4 Treatments; and Sleep Study Referral.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg #180:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 67.

**Decision rationale:** Muscle relaxants are recommended as second line option for short-term treatment of acute exacerbation of muscle spasm in patients with chronic lower back pain. According to the cited guidelines muscle relaxants provide no additional benefit in managing chronic back pain and spasm beyond NSAIDs. Additionally efficacy appears to diminish over time and prolonged use increases risk of dependence and tolerance. Consequently the provided medical records and cited guidelines do not support continued long-term chronic use of muscle relaxants as being clinically necessary at this time.

**Urine Drug Analysis:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids, Criteria for use Page(s): 43; 76-96.

**Decision rationale:** Urine drug screen is a routine part of chronic opioid therapy. According to CA MTUS: "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction." The peer reviewer states that UDS is not recommend due to an appropriate test in April of 2014. Since this was nearly one year ago, a repeat urine drug analysis is clinically necessary to confirm appropriate prescribing of opioids.