

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0027157 |                              |            |
| <b>Date Assigned:</b> | 02/19/2015   | <b>Date of Injury:</b>       | 10/05/2011 |
| <b>Decision Date:</b> | 04/06/2015   | <b>UR Denial Date:</b>       | 01/12/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/12/2015 |

### 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 30 year old female, who sustained an industrial injury on 10/5/2011. The current diagnoses are discogenic low back pain and bilateral hip pain. Currently, the injured worker complains of intermittent right hip and constant low back pain. The pain is described as achy and sharp with occasional spasms. Without medications, she rates the pain 5-6/10 on a subjective pain scale. Current medications are Norco, Baclofen, and Ultram. The physical examination reveals tenderness to palpation across the paraspinal muscles of the lumbar spine. Range of motion is restricted. She has 2/4 reflexes in the lower extremities. According to the Utilization Review, treatment to date has included medications, physical therapy, trigger point injections, and sacroiliac joint injections. The treating physician is requesting Ultram ER 100 mg #30 and Baclofen 10 mg #90, which is now under review. On 1/12/2015, Utilization Review had non-certified a request for Ultram ER 100 mg #30 and Baclofen 10 mg #90. The medications were modified to allow for weaning. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram ER 100 mg #30:** 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 CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** According to the 12/01/2014 report, this patient presents with low back and hip pain. The current request is for Ultram ER 100 mg#30. This medication was first mentioned in the 07/23/2014 report; it is unknown exactly when the patient initially started taking this medication. The request for authorization is not provided for review. The patient's work status is return to modified work. For chronic opiate use, MTUS Guidelines pages 88 and 89 require functioning documentation using a numerical scale or validated instrument at least one every six months, documentation of the 4 A's (analgesia, ADL's, adverse side effects, adverse behavior) is required. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. The medical reports provided for review, the treating physician indicates the patient pain 5-6/10 without medications; baseline pain is a 4/10. Per 07/23/2014 report, the treating physician indicates. In terms of activities of daily living, she notes that no assistance is needed for bathing, dressing, grooming, and childcare, though some assistance is needed for home duties. When necessary, she requires assistance from her family members. The treating physician characterized the patient overall risk level for subsequent aberrant behaviors as "low risk. In this case, the treating physician's report shows proper documentation of the four A's as required by the MTUS guidelines. Therefore, the current request IS medically necessary.

**Baclofen 10 mg #90:** 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): 63-66.

**Decision rationale:** According to the 12/01/2014 report, this patient presents with low back and hip pain. The current request is for Baclofen 10 mg #90. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended 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 showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of the available records indicates that this patient has been prescribed this medication longer then the recommended 2-3 weeks. The treating physician is requesting Baclofen #90 and this medication was first noted in the 07/23/2014 report. Baclofen is not recommended for long term use. The treater does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request IS NOT medically necessary.

