

<b>Case Number:</b>	CM15-0210513		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	12/23/1997
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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: Emergency 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 (IW) is a 68 year old male, who sustained an industrial injury on 12-23-1997. The injured worker is being treated for traumatic fibromyalgia with chronic fatigue syndrome, cervical and lumbar sprain-strain, cervicgia, lumbago, bilateral tarsal tunnel syndrome, complex regional pain disorder bilateral lower extremities, and right rotator cuff syndrome. Treatment to date has included diagnostics and medications. Per the Primary Treating Physician's Progress Report dated 9-08-2015 the injured worker presented for outpatient visit. He reported bilateral upper limbs, shoulders, pelvic girdle, neck, low back pain, stiffness, weakness, numbness and generalized discomfort. He has had a good, but partial response to treatment. Objective findings included painful muscle spasms at the bilateral trapezius muscles and beneath the bilateral pelvic crest, reduced strength and sensation in the distribution of the posterior tibial nerves, reduced range of motion of the bilateral cervical and lumbosacral spine in all planes, and reduced range of motion in all planes of the right shoulder. The IW has been prescribed Lyrica and Norco since at least 2-04-2015. Anaprox and Prilosec were prescribed on 4-30-2015. On 7-07-2015 medications included Norco, Soma, Anaprox and Prilosec. On 8-04-2015 medications included Norco, Soma, Anaprox, Prilosec and Ambien. Per the medical records dated 2-04-2015 to 9-08-2015 there is no documentation of significant improvement in symptoms, increase in activities of daily living or decrease in pain level attributed to the use of the current medications. Work status was permanent and stationery. The plan of care included medication management and authorization was requested for Baclofen 10mg #360, Lyrica 100mg #540, Restoril 30mg #180, Prilosec 20mg #30 and Norco 10-325mg #120. On 9-28-2015, Utilization Review modified the request for Restoril 30mg #180 and Norco 10-325mg #120 and non-certified the request for Baclofen 10mg #360.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Baclofen 10mg #360: 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:** The requested Baclofen 10mg #360 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, pages 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has bilateral upper limbs, shoulders, pelvic girdle, neck, low back pain, stiffness, weakness, numbness and generalized discomfort. He has had a good, but partial response to treatment. Objective findings included painful muscle spasms at the bilateral trapezius muscles and beneath the bilateral pelvic crest, reduced strength and sensation in the distribution of the posterior tibial nerves, reduced range of motion of the bilateral cervical and lumbosacral spine in all planes, and reduced range of motion in all planes of the right shoulder. The IW has been prescribed Lyrica and Norco since at least 2-04-2015. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Baclofen 10mg #360 is not medically necessary.

### **Restoril 30mg #180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Comp, 5th Edition, 2007 or current year.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** The requested Restoril 30mg #180 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker has bilateral upper limbs, shoulders, pelvic girdle, neck, low back pain, stiffness, weakness, numbness and generalized discomfort. He has had a good, but partial response to treatment. Objective findings included painful muscle spasms at the bilateral trapezius muscles and beneath the bilateral pelvic crest, reduced strength and sensation

in the distribution of the posterior tibial nerves, reduced range of motion of the bilateral cervical and lumbosacral spine in all planes, and reduced range of motion in all planes of the right shoulder. The IW has been prescribed Lyrica and Norco since at least 2-04-2015. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Restoril 30mg #180 is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list, Opioid hyperalgesia, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Comp, 5th Edition, 2007 or current year.

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

**Decision rationale:** The requested Norco 10/325mg #120 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, pages 78-80, Opioids for Chronic Pain, pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has bilateral upper limbs, shoulders, pelvic girdle, neck, low back pain, stiffness, weakness, numbness and generalized discomfort. He has had a good, but partial response to treatment. Objective findings included painful muscle spasms at the bilateral trapezius muscles and beneath the bilateral pelvic crest, reduced strength and sensation in the distribution of the posterior tibial nerves, reduced range of motion of the bilateral cervical and lumbosacral spine in all planes, and reduced range of motion in all planes of the right shoulder. The IW has been prescribed Lyrica and Norco since at least 2-04-2015. The treating physician has not documented VAS pain quantification with and without medications, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg #120 is not medically necessary.