

<b>Case Number:</b>	CM15-0211763		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	12/21/1988
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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: 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 55 year old male who sustained an industrial injury on December 21, 1988. Medical records indicated that the injured worker was treated for low back pain. His medical diagnoses include severe back pain, post laminectomy pain syndrome, cauda equine syndrome, muscle spasm and right severe intractable lower extremity pain. In the provider notes dated April 21, 2015 to September 21, 2015, the injured worker complained of constant low back pain. He requested and was denied acupuncture. He rates his pain 10 on the pain scale and states that the pain reduces to 7 on the pain scale. He states that his pain is constant, sharp dull, throbbing and achy and better with medication. On exam, the documentation stated that there was tenderness and decreased range of motion of the paraspinous area. The documentation stated that there is severe postsurgical intractable pain radiating into his lower extremities with severe tenderness over the right foot and inside the right lower extremity. The treatment plan is for medication refills. The documentation noted that the injured worker has been taking Oxymorphone, Tizanidine and Baclofen since at least April 2015. Previous treatment includes pain medication, PT, TENS unit and interstim implant. A Request for Authorization was submitted for Oxymorphone HCL 10 mg, Tizanidine HCL 4 mg and Baclofen tablets 10 mg #100. The Utilization Review dated September 25, 2015 denied the request for Oxymorphone HCL 10 mg, Tizanidine HCL 4 mg and Baclofen tablets 10 mg #100.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10 mg #60:** 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), Weaning of Medications.

**Decision rationale:** Non-sedating muscle relaxants (for pain) are recommended by the MTUS Guidelines with caution for short periods for treatment of acute exacerbations of chronic low back pain, but not for chronic or extended use. In most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Baclofen is among the muscle relaxant medications with the most limited published evidence in terms of clinical effectiveness. Sedation, dizziness, weakness, hypotension, nausea, respiratory depression and constipation are commonly reported side effects with the use of Baclofen. Baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. In this case, the injured worker has been prescribed Baclofen since at least April 2015 but continues to complain of spasms. This medication is not intended for long term, chronic use. Additionally, the injured worker is also prescribed Tizanidine. The request for Baclofen 10 mg #60 is determined to not be medically necessary.

**Tizanidine HCL 4 mg #60:** 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), Weaning of Medications.

**Decision rationale:** Non-sedating muscle relaxants (for pain) are recommended by the MTUS Guidelines with caution for short periods for treatment of acute exacerbations of chronic low back pain, but not for chronic or extended use. Drowsiness, dizziness and lightheadedness are commonly reported adverse reactions with the use of Robaxin. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility, but in most low back pain cases there is no benefit beyond NSAIDs. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker has been prescribed Tizanidine since at least April, 2015 but continues to complain of spasms. This medication is not intended for long term, chronic use. Additionally, the injured worker is also prescribed Baclofen. Discontinuation of chronically used muscle relaxants should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Tizanidine HCL 4 mg #60 is determined to not be medically necessary.

**Oxymorphone 10 mg #30:** Upheld

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

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

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has been prescribed Oxymorphone since at least April 2015 without significant quantifiable pain relief or objective evidence of functional improvement. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Oxymorphone 10 mg #30 is determined to not be medically necessary.