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| <b>Case Number:</b>   | CM15-0212057 |                              |            |
| <b>Date Assigned:</b> | 10/30/2015   | <b>Date of Injury:</b>       | 04/14/2010 |
| <b>Decision Date:</b> | 12/14/2015   | <b>UR Denial Date:</b>       | 10/27/2015 |
| <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:

This is a 56 year old female who sustained a work-related injury on 4-14-10. Medical record documentation on 10-10-15 revealed the injured worker was being treated for left buttock pain. She reported ongoing left buttock following knee arthroscopy on 8-22-13. She reported frequent falls as a result of knee pain and instability. Her sitting tolerance was 5 minutes with Robo pillow. She used Percocet for pain. She rated her pain an 8 on a 10-point scale (6-9 on 9-21-15). Previous treatment included cervical epidural steroid injection which provided 100% pain relief and lumbar epidural steroid injection on 11-21-14 with resolution of leg pain although hamstring spasm and nerve pain are intermittent. She reported daily sciatic pain. She tried TENS unit and lidocaine injections. Her medication regimen included Baclofen 20 mg as needed for spasm, Lyrica 50 mg, Percocet 10-325 mg, Suboxone 8 mg, Zofran 8 mg, Ambien Cr 12.5 mg, Feldene 20 mg, and Brintellix 5 mg. Medications tried and failed included MS Contin, Butrans, and Suboxone. Objective findings included tenderness to palpation over the greater trochanter bursa and ischia tuberosity reproducing pain. The injured worker's diagnoses included neuralgia and neuritis, chronic pain syndrome, myositis of the left forearm, left upper arm and left hand, and pain disorder. A request for Baclofen 20 mg #90 and Avelox 400 mg #10 was received on 10-22-15. On 10-27-15, the Utilization Review physician determined Baclofen 20 mg #90 and Avelox 400 mg #10 was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 20mg #90:** 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, Baclofen is being used in a chronic nature which is not supported by the guidelines. Additionally, this medication has previously been recommended for weaning purposes only. The request for Baclofen 20mg #90 is not medically necessary.

**Avelox 400mg #10:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC guidelines chapter Infectious disease last updated 09/12/15.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Infectious Diseases/Skin & soft tissue infections: cellulitis, Infectious Diseases/Moxifloxacin (Avelox®).

**Decision rationale:** CA MTUS Guidelines do not address the use of Avelox. ODG Recommended specific antibiotics for outpatients with non-purulent cellulitis include Dicloxacillin, Cephalexin, Clindamycin, Clarithromycin, Trimethoprim-sulfamethoxazole (TMP-SMZ). Recommended specific antibiotics for outpatients with purulent cellulitis include Clindamycin, Tetracycline (minocycline or doxycycline), Trimethoprim-sulfamethoxazole (TMP-SMZ), Linezolid (second-line). Avelox is recommended as first-line treatment for diabetic foot infections, chronic bronchitis, and pneumonia (CAP). The injured worker is reported to having an abscess from contusion due to her brace. The requesting physician notes that Avelox was not helpful in the past. The clinical presentation and rationale that Avelox was not helpful previously do not support the use of Avelox. The request for Avelox 400mg #10 is not medically necessary.