MAXIMUS Federal Services

| Case Number: | CM15-0212654 | | |
|---|---|---|---|
| Date Assigned: | 11/02/2015 | Date of Injury: | 07/11/2003 |
| Decision Date: | 12/18/2015 | UR Denial Date: | 10/02/2015 |
| Priority: | Standard | Application Received: | 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: Florida
Certification(s)/Specialty: Family Practice

## 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 51 year old female, who sustained an industrial injury on 7-11-03. Medical records indicate that the injured worker is undergoing treatment for lumbar five facet arthropathy with referred pain to the left leg, lumbar degenerative disc disease, lumbar spinal stenosis, chronic pain syndrome, reactive hypertension and anxiety. The injured worker is currently not working. On (9-25-15) the injured worker complained of low back pain. The injured worker also noted problems with her shoulders. The pain was rated 4 out of 10 with medications and 9 out of ten without medications on the visual analog scale. Examination of the lumbar spine revealed moderate pain lateral to the midline around the facets (lumbar five-sacral one area). A straight leg raise test was positive on the left. Sensation was decreased in a small area of the left leg. The injured worker was noted to always have left leg pain and burning sensations. Treatment and evaluation to date has included medications, MRI, epidural steroid injection, physical therapy and home exercise program. Current medications include Norco, Clonazepam, Celebrex, Vitamin D, Prilosec, Zoloft, Atenolol and Lisinopril (since at least July of 2015). The current treatment requests are for Baclofen 10mg #60 with 2 refills, Cyclobenzaprine HCL 10mg #60 and Lisinopril 5mg #30 with 5 refills. The Utilization Review documentation dated 10-2-15 non-certified the requests for Baclofen 10mg #60 with 2 refills and Cyclobenzaprine HCL 10mg #60 and modified Lisinopril 5mg #30 with no refills (original request #30 with 5 refills).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lisinopril 5 mg #30 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation JNC 8 Guidelines for the Management of Hypertension in Adults. Am Fam Physician. 2014 Oct 1; 90 (7): 503-504.

**Decision rationale:** A request for Lisinopril with 5 refills has been made. MTUS/ACOEM/ODG guidelines do not specifically address this request, and therefore alternative guidelines were sought. Lisinopril is an antihypertensive medication used in the treatment of Hypertension. This patient does have an established diagnosis of hypertension, and this medication is an appropriate choice for the treatment of this condition. Five refills however are not necessary. This patient will need follow-up office visits to reassess the effectiveness of this medication and to monitor for adverse side effects, sooner than in 5-6 months. Likewise, this request is not considered medically necessary.

**Baclofen 10 mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** In accordance with the California MTUS guidelines, Baclofen is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Likewise, this request for Baclofen is not medically necessary.

**Cyclobenzaprine HCL 10 mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** In accordance with the California MTUS guidelines, Cyclobenzaprine is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Likewise, this request for Cyclobenzaprine is not medically necessary.