

<b>Case Number:</b>	CM15-0031663		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	10/05/2011
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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, Pain Management

### 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 October 5, 2011. Her diagnoses include low back pain, discogenic low back pain, and bilateral hip pain. She has been treated with physical therapy, work modifications, and medications including an analgesic and a muscle relaxant. On December 1, 2014, her treating physician reports continued intermittent right hip pain and constant low back pain. The pain is achy to sharp with occasional spasms. Her pain level without medications is 5-6/10. The physical exam revealed slow and guarded transfers, mildly decreased lumbar range of motion, good lower extremity strength and range of motion, the lumbosacral paraspinal muscles were tenderness to palpation, normal lower extremity reflexes, and intact sensation to light touch in the lower extremities. The treatment plan includes continuing the analgesic and muscle relaxant medications. On February 19, 2015, the injured worker submitted an application for IMR for review of a retrospective prescription for 90 tablets of Baclofen 10mg (DOS: 1/27/15) and a retrospective prescription for 30 tablets of Ultram Extended Release 100mg (DOS: 1/27/15). The Baclofen was modified based on the long-term use of muscle relaxants is not recommended, and there was a lack of documentation of the duration of use of this medication. In addition, there was a lack of documentation spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries, or lancinating, paroxysmal neuropathic pain. The Ultram Extended Release was modified based on the lack of documentation of the analgesic and functional responses to the prior use of this medication. It is expected the medications will be tapered as recommended by the guidelines. The California

Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retro Baclofen 10mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxer.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

**Decision rationale:** Regarding the request for baclofen, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested baclofen is not medically necessary.

**Retro Ultram 100mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** Regarding the request for Ultram, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultram is not medically necessary.

