

<b>Case Number:</b>	CM15-0033230		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	02/04/2003
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 46 year old male, who sustained an industrial injury on 2/4/03. He has reported back pain after injury. The diagnoses have included lumbar spine degenerative disc disease (DDD), chronic low back pain and chronic radiculopathy. Treatment to date has included medications, injections and status post lumbar fusion with revision. Currently, as per the primary treating physician's progress note dated 12/16/14, the injured worker complains of low back and left leg pain. He continues to have severe low back pain and states that he has relief with injections and medications. Physical exam of the lumbar spine revealed spasms, limited range of motion, positive Lasegue bilaterally, positive straight leg raise on the right and left, and pain bilaterally at L3-4. There were decreased sensations at L3-4 bilaterally. Treatment plan was for Toradol intramuscular now, request bilateral lumbar Epidural Steroid Injection (ESI), Norco for pain, Klonopin for sleep, Neurontin for neuropathic pain and Baclofen for muscle spasms. On 1/27/15 Utilization Review modified a request for Klonopin 1mg quantity 30 modified to Klonopin 1mg quantity 7 for one week supply at an initial slow taper of 10 percent and Norco 10/325mg quantity 180 was modified to Norco 10/325mg quantity 38 for one week supply at an initial slow taper of 10 percent, noting the (MTUS) Medical Treatment Utilization Schedule guidelines were cited. On 1/27/15 Utilization Review non-certified a request for Baclofen 20mg quantity 90, noting the (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Klonopin 1mg quantity 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. In addition, there is no recent documentation of improvement of the quality of sleep with the previous use of Klonopin. Therefore the use of Klonopin 1mg #30 is not medically necessary.

**Baclofen 20mg quantity 90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 65.

**Decision rationale:** According to MTUS guidelines, an non sedating muscle relaxant is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. Baclofen is usually used for spasm in spinal cord injury and multiple sclerosis. There no clear evidence of acute exacerbation of spasticity in this case. Continuous use of baclofen may reduce its efficacy and may cause dependence. According to patient file, he was not diagnosed with spinal cord injuries or multiple sclerosis. Therefore, the request for BACLOFEN 20MG #90 is not medically necessary.

**Norco 10/325mg quantity 180:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions

from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #180 is not medically necessary.