

<b>Case Number:</b>	CM15-0034010		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	05/07/2011
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/17/2015
<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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 53 year old female who sustained a work related injury May 7, 2011, with low back pain. According to an office visit dated February 4, 2015, the injured worker presented to the physician for follow-up of continued back and leg pain and for refill of medications. She has difficulty sleeping with continuing muscle cramps and pain radiating to both lower extremities with weakness and tingling. Physical examination of the lumbar spine revealed; tenderness, straight leg raise positive at 70 degrees on the right side. Diagnoses included degeneration of lumbar or lumbosacral intervertebrae; spinal stenosis of the lumbar region and displacement of intervertebral disc. Treatment plan included adjustment of medications, electrodiagnostic studies and MRI, lumbar spine. According to utilization review dated February 18, 2015, the request for Baclofen 10mg PO Q TID #90 is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines (ODG). The request for Soma350mg BID #60 is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines (ODG). The request for Norco 10/325mg PO Q6hrs. #120 is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines (ODG).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg by mouth Q 3 times a day #90:** Upheld

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

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

**Decision rationale:** Per the 02/04/15 report the patient presents with continued back and leg pain with muscle cramps and pain radiating to the bilateral lower extremities. She has sleep difficulties. The current request is for: BACLOFEN 10mg BY MOUTH Q3 TIMES A DAY #90. The RFA is not included. The patient is Totally Disabled. The MTUS Guidelines page 63 states, "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exasperations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." The treater states that the patient's pain medications which include Baclofen, Cyclobenzaprine, Norco and Percocet reduce the patient's pain to 3/10 from 10/10. This medication is indicated as a second line option for this patient's pain; however, the MTUS guidelines state it is intended for short-term treatment of acute exacerbations. The reports provided for review, however, show the patient has been prescribed this medication on a long-term basis since at least 11/19/14. In this case, the request IS NOT medically necessary.

**Soma 350mg twice a day #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66, 29.

**Decision rationale:** Per the 02/04/15 report the patient presents with continued back and leg pain with muscle cramps and pain radiating to the bilateral lower extremities. She has sleep difficulties. The current request is for: SOMA 350mg TWICE A DAY #60. The RFA is not included. The patient is Totally Disabled. MTUS Soma page 29 states, "Not recommended. This medication is not indicated for long term use." MTUS Muscle relaxants for pain pages 63-66 state that this formulation is recommended for no longer than 2-3 weeks. The treater does not discuss the intended use of this medication in the reports provided for review. Both the 01/02/15 and 02/04/15 reports list Soma as a prescribed medication. In this case, the MTUS guidelines do not recommend use for longer than 2-3 weeks. Use has already exceeded guidelines, and this request is for a one month supply. Therefore, the request IS NOT medically necessary.

**Norco 10/325g by mouth every 6 hours #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** Per the 02/04/15 report the patient presents with continued back and leg pain with muscle cramps and pain radiating to the bilateral lower extremities. She has sleep difficulties. The current request is for NORCO 10/325 g BY MOUTH EVERY 6 HOURS #120-Hydrocodone, an opioid analgesic. Presumably this request is for 10/325mg. The RFA is not included. The patient is Totally Disabled. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided for review show the patient has been prescribed Norco since at least 11/19/14. The treater states that pain is controlled with the medication and reduces pain from 10/10 to 3/10. The report further states that with pain control the patient can do ADLs; however, no specific ADLs are mentioned to show a significant change with use of Norco. The treater does note that there are no side effects from medication; however, opiate management issues are not fully documented. There is no discussion of adverse behavior and no UDSs are documented or provided for review. No outcome measures are provided. In this case, there has not been sufficient documentation of ADLs and opiate management as required by the MTUS guidelines. Therefore, the request IS NOT medically necessary.