

<b>Case Number:</b>	CM15-0055141		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	01/27/2009
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: Texas, California  
 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:

This is a 59 year old female patient, who sustained an industrial injury on 1/27/2009. Diagnoses include chronic pain syndrome, lumbar back pain with radiculopathy, degenerative disc disease, lumbar degenerative facet disease, degenerative joint disease hips, chronic insomnia, anxiety and depression. She sustained the injury due to lifting. Per the most recent submitted Primary Treating Physician's Progress Report dated 11/12/2014, she had complaints of pain in the bilateral legs, bilateral buttocks, bilateral hips and left low back. The frequency of pain/spasticity is worsening. The pain is described as sharp, aching, cramping, shooting, throbbing, dull, burning, stabbing and electrical. Physical examination revealed walks with a steady gait without assistive devices. The medications list includes Baclofen, Norco, ambien, lidoderm patch and Valium. She has had lumbar MRI dated 8/30/2012 which revealed multilevel degenerative disc disease. She has had chiropractic care, gym membership, massage, home exercise and stretching exercises including yoga, walking for exercise and use of a foam roller, as well as meditation and psychological counseling.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 tablets Baclofen 10mg:** 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.

**Decision rationale:** Baclofen is a muscle relaxant. California MTUS, Chronic pain medical treatment 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. Per the guideline, "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen." The need for baclofen on a daily basis with lack of documented improvement in function is not fully established. According to the cited guidelines, baclofen is recommended for short-term therapy and not recommended for a longer period. Evidence of muscle spasm or acute exacerbation is not specified in the records provided. 30 tablets Baclofen 10mg are not medically necessary for this patient at this juncture.

**60 Tablets of Valium 5mg:** Upheld

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

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

**Decision rationale:** Diazepam is a benzodiazepine, an anti-anxiety drug. According to MTUS guidelines Benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." Trial of other measures for treatment of insomnia is not specified in the records provided. Prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms and is therefore not recommended. Detailed history of insomnia or anxiety is not specified in the records provided. Patient is on multiple sedative medications ambien, norco in addition to valium. Response to other medications for sedation is not specified in the records provided. 60 Tablets of Valium 5mg are not medically necessary for this patient.

**150 tablets of Norco 10/325 gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 76-80.

**Decision rationale:** Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Prior urine drug screen report is not specified in the records provided. This patient did not meet criteria for ongoing continued use of opioids analgesic. 150 tablets of Norco 10/325 gm are not medically necessary.