

Case Number:	CM15-0095135		
Date Assigned:	05/21/2015	Date of Injury:	11/05/2012
Decision Date:	07/02/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/18/2015

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 41-year-old male, who sustained an industrial injury on 11/5/2012. He reported back pain due to slipping and falling. Diagnoses have included cervical spine sprain/strain, thoracic spine sprain/strain, lumbar spine sprain/strain, chronic back pain with radicular symptoms and thoracic spasms. Treatment to date has included magnetic resonance imaging (MRI), transcutaneous electrical nerve stimulation (TENS) unit and medication. According to the progress report dated 3/13/2015, the injured worker complained of low back pain with radiation and spasms in the mid back. He rated his pain as 7-8/10 with movement and activity. He reported his pain as 4/10 with medications. He was working full duty. Objective findings revealed that the injured worker was alert and conversant with no negative effects of medications noted. Areas of spasm remained the same. Authorization was requested for Baclofen, Norco and Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, under Muscle Relaxants.

Decision rationale: The patient presents on 03/13/15 with lower back pain, which radiates into the mid back, and associated spasms. The pain is rated 7-8/10 without medications, 4/10 with medications. The patient's date of injury is 11/05/12. Patient has no documented surgical history directed at this complaint. The request is for BACLOFEN 10MG #60. The RFA is dated 05/06/15. Physical examination dated 03/13/15 does not include a comprehensive physical exam, stating : "Alert and conversant with no neg effects of meds noted. No change in gait and posture. Generally status quo. Areas of spasm remain the same." The patient is currently prescribed Baclofen, Celexa, Norco, and Celebrex. Diagnostic imaging included lumbar MRI dated 06/12/14, with no significant findings. Patient is currently working full duties. Regarding muscle relaxants for pain, MTUS Guidelines page 63 states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation 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 show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. 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." ODG Pain chapter, under Muscle Relaxants states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term (less than two weeks) treatment of acute LBP and for short-term treatment of acute exacerbations in patients with chronic LBP." In regard to the trail of Baclofen, the provider has exceeded guideline recommendations. There is no indication that this patient has taken Baclofen to date. Progress note dated 03/13/15 includes a scanned prescription with instructions to the patient: "[Take] 1/2 BID x 3 Day then 1 BID." The specified dosing interval calculates to approximately 30 days of use, given the 60 tablets prescribed. The requested amount and dosing schedule exceeds guideline recommendations, which only support this class of medications for less than two weeks use. Therefore, the request IS NOT medically necessary.

Norco 10/325mg #120 PRN: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents on 03/13/15 with lower back pain, which radiates into the mid back, and associated spasms. The pain is rated 7-8/10 without medications, 4/10 with medications. The patient's date of injury is 11/05/12. Patient has no documented surgical history directed at this complaint. The request is for NORCO 10/325 MG #120 PRN. The RFA is dated 05/06/15. Physical examination dated 03/13/15 does not include a comprehensive physical exam, stating : "Alert and conversant with no neg effects of meds noted. No change in gait and posture. Generally status quo. Areas of spasm remain the same." The patient is currently

prescribed Baclofen, Celexa, Norco, and Celebrex. Diagnostic imaging included lumbar MRI dated 06/12/14, with no significant findings. Patient is currently working full duties. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "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 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, 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. In regard to the continuation of Norco for the management of this patient's lower back pain, the request is appropriate. Progress report date 03/13/15 reports a 50 percent reduction in pain attributed to medications. Concerning function, it is noted that this patient has been able to return to full work duties. This medication has been approved and denied by separate conflicting utilization reviews. A peer-to-peer consultation report regarding UR dated 05/07/15 notes a lack of aberrant behavior and consistent urine drug screening to date - though the toxicology reports were not made available for review. Given the documentation of pain relief, this patients demonstrated functionality, evidence of consistent urine drug screens to date, and a lack of aberrant behaviors or adverse effects; continuation of this medication is appropriate. The request IS medically necessary.

Norco 10/325mg #120 Q6HRS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents on 03/13/15 with lower back pain, which radiates into the mid back, and associated spasms. The pain is rated 7-8/10 without medications, 4/10 with medications. The patient's date of injury is 11/05/12. Patient has no documented surgical history directed at this complaint. The request is for NORCO 10/325 MG #120 Q 6 HRS. The RFA is dated 05/06/15. Physical examination dated 03/13/15 does not include a comprehensive physical exam, stating : "Alert and conversant with no neg effects of meds noted. No change in gait and posture. Generally status quo. Areas of spasm remain the same." The patient is currently prescribed Baclofen, Celexa, Norco, and Celebrex. Diagnostic imaging included lumbar MRI dated 06/12/14, with no significant findings. Patient is currently working full duties. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "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 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, 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. In regard to the continuation of Norco for the management of this patient's lower back pain, the request is

appropriate. Progress report date 03/13/15 reports a 50 percent reduction in pain attributed to medications. Concerning function, it is noted that this patient has been able to return to full work duties. This medication has been approved and denied by separate conflicting utilization reviews. A peer-to-peer consultation report dated 05/07/15 notes a lack of aberrant behavior and consistent urine drug screening to date - though the toxicology reports were not made available for review. Given the documentation of pain relief, this patients demonstrated functionality, evidence of consistent urine drug screens to date, and a lack of aberrant behaviors or adverse effects; continuation of this medication is appropriate. The request IS medically necessary.

Celebrex 200mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex; Anti-inflammatory medications; NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Anti-inflammatory medications Page(s): 22, 60.

Decision rationale: The patient presents on 03/13/15 with lower back pain, which radiates into the mid back, and associated spasms. The pain is rated 7-8/10 without medications, 4/10 with medications. The patient's date of injury is 11/05/12. Patient has no documented surgical history directed at this complaint. The request is for CELEBREX 200MG #60 BID. The RFA is dated 05/06/15. Physical examination dated 03/13/15 does not include a comprehensive physical exam, stating : "Alert and conversant with no neg effects of meds noted. No change in gait and posture. Generally status quo. Areas of spasm remain the same." The patient is currently prescribed Baclofen, Celexa, Norco, and Celebrex. Diagnostic imaging included lumbar MRI dated 06/12/14, with no significant findings. Patient is currently working full duties. MTUS Anti- inflammatory medications page 22 state, "Anti-inflammatory are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." MTUS guidelines page 22 for Celebrex, state, "COX-2 inhibitors -e.g., Celebrex- may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost." In regard to Celebrex for the management of this patient's chronic lower back pain, the request is appropriate. While this patient does not present with a significant history of GI upset or complications secondary to NSAID use, there is evidence of trial and failure of first line/generic Cox-2 inhibitors. Given this patient's functionality and the failure of other first-line NSAIDs to adequately control pain, the use of Celebrex is substantiated. The request IS medically necessary.