

<b>Case Number:</b>	CM13-0017506		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	11/29/1996
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 61-year-old male who reported a work related injury on 11/29/1996. Recent clinical documentation stated the patient complained of chronic low backache with noted increasing spasms in his lower back and constant paresthesias in the right lower extremity. He had been using his home TENS unit along with his current medications with minimal relief. The patient also had complaints of increased morning stiffness with constant moderate to severe pain in the morning that was relieved by hot shower and stretching. The patient was independent with his self-care activities and all ADLs. His current medications included methadone, gabapentin, baclofen, Norco, and ibuprofen. Diagnoses include multilevel lumbar degenerative disc disease, status post posterior lumbar spine fusion, and chronic discogenic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10 mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain Page(s): 63-64.

**Decision rationale:** Recent clinical documentation states that the patient has increasing stiffness in his low back with constant mild to occasional moderate low backache which is present 24 hours a day. He also complained of constant paresthesias down the lateral aspect of his right thigh, lower leg, and to the dorsum of his foot. California Chronic Pain Medical Treatment Guidelines indicate that non-sedating muscle relaxants are recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Per clinical documentation, the patient has been prescribed baclofen since at least 2012. There was no evidence given of significant functional improvements for the patient due to the use of baclofen. There was also no evidence given the patient had failed a first line treatment of medications. Guidelines further state in lower back pain cases, muscle relaxants 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. As such, the decision for baclofen 10 mg is non-certified.

**Methadone 10 mg, #120 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61-62.

**Decision rationale:** California Chronic Pain Medical Treatment Guidelines indicate that methadone is recommended as a second line drug for moderate to severe pain if the potential benefit outweighs the risks. Guidelines state that the FDA has received reports of severe morbidity and mortality with this medication that appears, in part, secondary to the long half-life of the drug which is 8 to 59 hours. There was a lack of evidence noting significant functional improvements or benefits due to the use of methadone for the patient. The clinical documentation submitted did not give evidence of the patient reporting any significant relief or functional improvements as a result of the use of methadone. The patient reported increasing pain and stiffness in his lower back with constant paresthesias down the lateral aspect of his right thigh, lower leg, and foot. He stated he was gaining minimal relief with his current medications. There was no evidence given the patient had failed first line medications to treat his chronic low back pain. As such, the request for methadone 10 mg, #120 with 2 refills is non-certified.

**Norco 10/325 mg, #120 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 78-80.

**Decision rationale:** Recent clinical documentation noted the patient's current medications included Norco 10/325 mg, 1 tablet 3 times a day as needed for severe breakthrough pain. Clinical documentation noted the patient had been prescribed Norco since at least 2012. There

was no documentation reporting the patient's satisfactory response to treatment which would be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There was no pain assessment noted for the patient and no functional benefits which could be objectively measured due to the use of Norco. Guidelines further state using opioids for chronic back pain appears to be efficacious but limited for short-term pain relief and long-term efficacy, greater than 16 weeks, is unclear, but also appears limited. In addition, the patient's total daily morphine equivalent dose is greater than the recommended 120 mg per the opioid dosing guideline for chronic non-cancer pain. Given the above, the decision for Norco 10/325 mg, #120 with 2 refills is non-certified.

**Ibuprofen 400 mg: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Page(s): 22.

**Decision rationale:** California Chronic Pain Medical Treatment Guidelines indicate that anti-inflammatory medications are the traditional first line of treatment, but long-term use may not be warranted. Guidelines recommend the use of ibuprofen for the management of osteoarthritis. Guidelines further state that a comprehensive review of clinical trials and the efficacy of safety of drugs for the treatment of low back pain conclude that available evidence supports the effectiveness of nonselective, nonsteroidal anti-inflammatory drugs in acute and chronic low back pain. Guidelines indicate that for patients with no risk factor of GI symptoms and no cardiovascular disease, nonselective NSAIDs are okay to include ibuprofen and naproxen. Given the above, the decision for ibuprofen 400 mg is certified.

**Baclofen 5 mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain Page(s): 63-64.

**Decision rationale:** California Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second line option for the short-term treatment of acute exacerbations in patients with chronic low back pain. The patient was noted to have been using baclofen since at least 2012. There were no functional improvements noted for the patient with the use of baclofen. In addition, there was no evidence given the patient had failed first line medication treatment for his chronic low back pain. As such, the decision for baclofen 5 mg is non-certified.

**Gabapentin 600 mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-20.

**Decision rationale:** California Medical Treatment Guidelines for Chronic Pain indicate that gabapentin has been shown to be effective for treatment of diabetic painful neuropathy, postherpetic neuralgia, and has been considered a first line treatment for neuropathic pain. The patient was noted to have subjective findings of neuropathic pain; however, there was no documented evidence of any significant functional improvements resulting from the use of gabapentin. Guidelines also indicate that after initiation of treatment with antiepilepsy drugs, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. There was no documentation noted for the patient. Therefore, the decision for gabapentin 600 mg is non-certified.