

<b>Case Number:</b>	CM14-0115557		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	09/01/1999
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/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 64-year-old male who has submitted a claim for post-laminectomy syndrome of the lumbar region, lumbar disc disease, sciatica, and lumbago associated with an industrial injury date of 9/1/1999. Medical records from 1/13/2014 up to 5/5/2014 were reviewed showing increased shooting pain down his left leg associated with burning, tingling, and numbness. Pain is relieved with use of medications. He reports 60-70% decrease in pain. Without medications, he would not be able to function. Physical examination of lower back revealed paravertebral tenderness and spasm. SLR was positive on the left at 65 degrees. Motor and sensory exams were within normal limits. Patient was walking with a noticeable limp favoring the affected side. Treatment to date has included Norco 10/325mg (since at least 1/13/2014), Baclofen 10mg (since at least 1/13/2014), Topamax, aspirin, TENS unit, and hot/cold therapy. Utilization review from 7/9/2014 modified the request for Norco 10/325 mg. #60 with 1 Refill and Baclofen 10 mg. #120 with 1 Refill to #30 to initiate weaning. Regarding Norco, there is no clear documentation regarding the functional benefits or improvement with use. There are no documented VAS pain scores for this patient with or without medications. As for Baclofen, the patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg. #60 with 1 Refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been taking Norco since at least 1/13/2014. Patient claims that pain is relieved with use of medications. He reports 60-70% decrease in pain. Without medications, he would not be able to function. However, there was no significant improvement upon physical examination. In addition, no UDS reports were made available for review. Therefore the request for Norco 10/325 mg. #60 with 1 Refill is not medically necessary.

**Baclofen 10 mg. #120 with 1 Refill:** Upheld

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

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

**Decision rationale:** As stated on pages 63-66 of the CA 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. 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. Also 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. Antispasticity drugs are used to decrease spasticity in conditions such as cerebral palsy, MS, and spinal cord injuries (upper motor neuron syndromes). Associated symptoms include exaggerated reflexes, autonomic hyperreflexia, dystonia, contractures, paresis, lack of dexterity, and fatigability. The mechanism of action of Baclofen is blockade of the pre- and post-synaptic GABAB receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia, non-FDA approved). In this case, the patient has been using Baclofen since at least 1/13/2014. However, physical examination revealed revealed paravertebral tenderness and spasm. There is no documentation of significant objective improvement. In addition, the long-term use of this medication is not recommended as its efficacy decreases over time and prolonged use may lead to dependence. Therefore, the request for Baclofen 10 mg. #120 with 1 Refill is not medically necessary.

