

<b>Case Number:</b>	CM14-0143141		
<b>Date Assigned:</b>	09/29/2014	<b>Date of Injury:</b>	07/31/2001
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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 injured worker is a 57-year-old male who reported an injury on 07/31/2001. The mechanism of injury was not clearly indicated in the clinical notes. His diagnoses included lumbar degenerative disc disease, carpal tunnel syndrome, and knee cartilage tear. The injured worker's past treatments included the use of a transcutaneous nerve stimulation unit, physical therapy, a knee brace, and wrist brace. The injured worker's diagnostic exams included a MRI of the lumbar spine and an electromyography study. The injured worker's surgical history included multiple knee arthroscopies, a carpal tunnel release, and a carpometacarpal joint arthroplasty. On 08/12/2014, the injured worker complained of constant back pain that radiated down into his left leg. He also reported a burning sensation in the leg, bilateral knee pain, and pain and numbness in both of his hands with diminished ability to grip and grasp. The injured worker indicated that he used his transcutaneous nerve stimulation unit daily, which helped him decrease his dependence on pain medication. He rated his pain as 8/10, at best, 4/10 with medications, and a 10/10 without medications. The physical examination revealed limited range of motion to the lower back, a positive straight leg raise, and sensory loss to light touch and pinprick along the left lateral calf and bottom of the foot. Palpation of the lumbar trunk revealed muscle spasms with a loss of lordotic curvature with antalgic posture. An examination of both hands revealed a positive Finkelstein's maneuver, Phalen's, and Tinel's test. His medications included a Butrans pain patch 5 mcg every hour, 1 patch weekly; Norco 10/325 mg, 1 twice daily as needed; Baclofen 10 mg, once a day as needed for back spasms; Celebrex 200 mg; Lidoderm patch 5% apply twice daily; and Lyrica 150 mg. The treatment plan consisted of the continuation of medications and an exercise regimen as instructed. A request was received for prescription of Baclofen 10 mg #30, Norco 10/325 mg #60, and Butrans patch 5 mcg #4. The rationale for the

request was not clearly indicated. The Request for Authorization form was signed and submitted on 08/15/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Prescription of Baclofen 10mg #30: 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): page(s) 63-64.

**Decision rationale:** The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain cases, muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. Additionally, the efficacy of the medication appears to diminish over time and prolonged use of some medications in this class may lead to dependence. In regards to the use of baclofen, the guidelines recommend it for the treatment of and muscle spasms related to multiple sclerosis and spinal cord injuries. The continued use of muscle relaxants is contingent on the documentation of quantitative measures that indicate increased functionality, decreased spasms, and evidence of reduced pain. Based on the clinical notes, the injured worker complained of constant back pain that radiated into his left leg. He also reported bilateral knee pain which was accompanied by numbness in both of his hands, with a diminished ability to grip and grasp. The injured worker also indicated that his pain at the time of the visit was 8/10 on the pain scale. The clinical notes indicated that the injured worker utilized Baclofen since approximately 2012, which is not supported by the guidelines, as long term use can lead to dependence. The clinical notes failed to indicate significant improvement in pain relief, as prior clinical notes indicated that the injured worker's pain was 6/10 and gradually increased to 9/10. This shows diminished efficacy of the medication. Also, the injured worker lacked a diagnosis of spinal cord injury or multiple sclerosis to warrant the use of baclofen. The clinical notes did indicate that the injured worker was able to perform more activities of daily living with the use of his medications, but there were no measurable outcomes to corroborate these findings. Therefore, due to lack of documentation indicating significant pain relief, evidence of long term use, and lack of diagnosis related to a spinal cord injury, the request is not supported. Additionally, the request lacked a frequency of dose. Thus, the request for prescription of baclofen 10 mg #30 is not medically necessary.

#### **Prescription of Norco 10/325mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (On-going Management).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-80 Page(s): page(s) 74-80.

**Decision rationale:** The California MTUS Guidelines recommend opioids for the treatment of chronic pain. The ongoing use of opioids is contingent on the documentation of the 4 domains proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The four domains include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. This documentation must be objective and measurable as to make a reasonable evidence based decision for continued use. Based on the clinical notes, the injured worker complained of constant back pain that radiated into his left leg. The injured worker reported that his pain at the time of the visit was 8/10, and indicated his pain as 4/10 with medications and 10/10 without medications. The clinical note, dated 07/15/2014, documented that the injured worker complained that his pain rating was 6/10. His pain gradually increased between 07/2014 and 08/25/2014. He reported his pain at the most recent clinical visit as 8/10 with medications. This indication of increased pain is a sign of diminished efficacy of the medication and does not warrant its continued use. The clinical notes also indicated that the injured worker was able to perform activities of daily living with use of medications, but these indications are not corroborated by measurable outcomes and are thus not supported. Also, the clinical notes failed to indicate that the injured worker's urine drug screens were normal and there was an absence of aberrant drug related behaviors. Additionally, the request failed to specify frequency of dose. Therefore, due to lack of quantitative evidence indicating continued pain relief, measurable outcomes that indicate increased functionality, evidence of long term use, and the absence of frequency of dose, the request is not supported. Thus, the request for Prescription of Norco 10/325mg #60 is not medically necessary.

**Prescription of Butrans Patch 5mcg #4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Weaning Medications). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Buprenorphine

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine, page(s) 26-27 Page(s): page(s) 26-27.

**Decision rationale:** The California MTUS guidelines recommend Buprenorphine/Butrans for the treatment of opiate addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. Based on the clinical notes, the injured worker had complaints of constant neck pain, which radiated into his left leg. He rated this pain as 8/10, which was an increase from the previous clinical visit in 07/2014. The injured worker has been prescribed opioids since approximately 2012. This evidence of long term use would warrant the use of a Butrans Patch if the injured worker was attempting to detox or wean himself from the medications. However, the clinical notes do not indicate that the injured worker was being treated for opioid addiction. The continuous request for opioid analgesics indicated that he remained on these medications with no evidence of stopping their use. Therefore, due to lack of documentation indicating that the injured worker was being treated for opioid addiction, was going through detoxification, the request is not supported. Thus, the request for a prescription of Butrans patch 5mcg #4 is not medically necessary.

