

<b>Case Number:</b>	CM14-0147536		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	08/04/2011
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of August 04, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar laminectomy surgery; unspecified amounts of physical therapy; and opioid therapy. In a Utilization Review Report dated September 08, 2014, the claims administrator partially approved a request for Vicodin and baclofen while denying a request for ibuprofen outright. The applicant's attorney subsequently appealed. In the IMR application letter dated September 10, 2014, the applicant's attorney appealed all three articles; Vicodin, baclofen, and ibuprofen. In an April 09, 2014 progress note, the applicant reported persistent complaints of low back and knee pain, 8-9/10 pain. The applicant was placed off of work, on total temporary disability. Prescriptions for Vicodin, baclofen, and Motrin were all refilled, without any explicit discussion of medication efficacy. On March 20, 2014, the applicant again was given prescriptions for Norco, baclofen, and Motrin. 8/10 pain was noted. The applicant was having difficulty standing and/or walking for lengthy amounts of time, it was noted. Aquatic therapy was sought. The applicant's work status was not clearly stated on this occasion. On February 20, 2014, the applicant was again placed off of work, on total temporary disability, owing to 8-9/10 low back pain complaints. The applicant was still smoking. Motrin was renewed at this point, again without any explicit discussion of medication efficacy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to continue Opioids topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning and/or reduce pain achieved as a result of the same. In this case, the applicant is off of work, on total temporary disability. The applicant's pain complaints are consistently scored in 8/10 range or greater, despite ongoing usage of Vicodin. The attending provider has noted that the applicant is having difficulty performing even basic activities of daily living such as standing and walking despite ongoing usage of Vicodin. All of the above, taken together, does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.

**Baclofen 10mg #90:** 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 Baclofen Page(s): 64, 7.

**Decision rationale:** While page 64 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that baclofen is recommended orally for the treatment of spasticity and muscle spasms associated with multiple sclerosis and spinal cord injuries, and can be employed off-label for neuropathic pain, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is off of work, on total temporary disability. Ongoing usage of baclofen has failed to curtail the applicant's dependence on opioid agents such as Norco. The applicant is having difficulty performing activities of daily living as basic as standing, and walking. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of baclofen. Therefore, the request is not medically necessary.