

<b>Case Number:</b>	CM14-0151420		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	05/15/2012
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 Neurology; has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 54-year-old man who sustained a work-related injury on May 15, 2012. He subsequently developed chronic low back pain. In a report dated August 20, 2104, the patient complains of low back pain worse when lifting, twisting, walking, and standing. The patient reported sleep problems because of pain. The patient has increased muscle spasms radiating to the lower extremity and unsteady gait. His physical examination demonstrated lumbar spasm with reduced range of motion, decreased rotation and extension, crepitus on range of motion, positive right leg raising, and decreased sensation of the right foot. The patient was diagnosed with low back sprain. The provider requested authorization for Norco, Baclofen, Nabumetone and Cymbalta.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework>According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used without documentation of functional improvement or evidence of return to work. Therefore, the prescription of Norco 10/325 mg #120 is not medically necessary.

**Baclofen 20mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Procedure Summary last updated 8/4/2014 non-sedating muscle relaxants

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 65.

**Decision rationale:** According to MTUS guidelines, an non sedating muscle relaxant is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. Baclofen is usually used for spasm in spinal cord injury and multiple sclerosis. There no clear evidence of acute exacerbation of spasticity in this case. Continuous use of baclofen may reduce its efficacy and may cause dependence. According to patient file, he was not diagnosed with spinal cord injury or multiple sclerosis. Therefore, the request for Baclofen 20MG #60 is not medically necessary.

**Nabumetone 500mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs(non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** According to MTUS guidelines, NSAIDs are recommended for knee and hip pain at the lowest dose for the shortest period of time in patients with moderate to severe

pain. In this case the request was for Nabumetone 500 mg #60 which does not comply with MTUS guidelines for the use of NSAIDs for short period of time. In addition there is no recent documentation that the patient was complaining of breakthrough of pain. There is no clear evidence that the lowest NSAID was used. Therefore, the request of Nabumetone 500mg, #60 is not medically necessary.

**Cymbalta 30mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 43.

**Decision rationale:** According to MTUS guidelines, there is no high quality evidence to support the use of Cymbalta for lumbar radiculopathy and radicular pain There is no documentation about the efficacy of the drug for the management of the patient pain. Cymbalta is usually used for neuropathic pain and there is no clear evidence of neuropathic pain in this case. Therefore Cymbalta is not medically necessary.