

<b>Case Number:</b>	CM14-0214391		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	11/29/2007
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 pain reportedly associated with an industrial injury of November 29, 2007. In a Utilization Review Report dated November 24, 2014, the claims administrator partially approved a request for Norco, denied a request for Lyrica, denied a request for baclofen, and apparently approved a bilateral trochanteric bursa injection. Progress notes of November 7, 2014 and June 28, 2014 were referenced in the determination. The applicant's attorney subsequently appealed. On August 18, 2014, the applicant received a sacroiliac injection under fluoroscopy. On November 15, 2014, the applicant reported persistent complaints of 7-8/10 bilateral hip and low back pain. The attending provider stated that the applicant's medications were beneficial and resulted in reduction in pain scores from 7-8/10 without medications to 3-4/10 with medications. The attending provider did state that the applicant's ability to perform activities of daily living was, however, limited secondary to chronic pain constraints. The applicant was status post a failed lumbar fusion surgery. The applicant's medication list included Lidoderm, Norco, and baclofen, it was acknowledged. Multiple medications were prescribed, including Norco, Lyrica, baclofen, and Celebrex. Hip trochanteric bursa injections were endorsed. The applicant's work status was not furnished. On July 6, 2014, the applicant, once again, reported 7-8/10 pain without medications versus 5-7/10 pain with medications. The attending provider stated that the applicant's medications were beneficial but acknowledged that the applicant had some limitations in terms of performance of activities of daily living secondary to pain. The applicant also reported issues with diminished concentration, altered mood, and deranged sleeping pattern.

secondary to pain. SI joint injections were sought in this case. Once again, the applicant's work status was not furnished. The applicant did not appear to be working.

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

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

**Norco 5/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids 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 reduced pain achieved as a result of the same. Here, the applicant's work status has not been clearly outlined, suggesting that the applicant is not, in fact, working. While the attending provider did recount some reduction in pain scores achieved as a result of ongoing medication consumption, these are, however, outweighed by the attending provider's failure to document the applicant's work status, coupled with the attending provider's commentary to the effect performing various activities of daily living, including sleeping and concentrating, is adversely impacted secondary to chronic pain. Therefore, the request was not medically necessary.

**Lyrica 50mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Physical Medicine Page(s): 7, 99.

**Decision rationale:** While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that pregabalin or Lyrica is a first-line treatment for neuropathic pain, particularly that associated with postherpetic neuralgia and/or diabetic neuropathy, this recommendation is, however, 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 pharmacotherapy. Here, the applicant's work status was not documented. The attending provider continued to note that the applicant's ability to perform various activities of daily living, including sleeping, concentrating, and interacting with others were adversely impacted secondary to pain. It is further noted that ongoing consumption of Lyrica has failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement

as defined in MTUS 9792.20f, despite ongoing usage of Lyrica. Therefore, the request was not medically necessary.

**Baclofen 10mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Baclofen Page(s): 7, 64.

**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 spasm related to multiple sclerosis and spinal cord injuries but can be employed off label for paroxysmal neuropathic pain such as that associated with trigeminal neuralgia, this recommendation is, however, 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 recommendation. Here, the applicant's work status was not clearly detailed on multiple progress notes, referenced above. Ongoing usage of baclofen failed to curtail the applicant's dependence opioid agents such as Norco. The attending provider likewise failed to outline any material improvements in function achieved as a result of ongoing baclofen usage. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request was not medically necessary.