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| <b>Case Number:</b>   | CM15-0114641 |                              |            |
| <b>Date Assigned:</b> | 06/22/2015   | <b>Date of Injury:</b>       | 10/21/2010 |
| <b>Decision Date:</b> | 07/22/2015   | <b>UR Denial Date:</b>       | 06/03/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/15/2015 |

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 22 year old male patient who sustained an industrial injury on 10/21/2010. He continues to be treated for low back and sacral pain. When seen by the requesting provider, pain was rated at 5-6/10. The claimant was also having constant left ankle pain. Physical examination findings included decreased ankle range of motion and decreased left lower extremity sensation. Medications are referenced as providing pain relief. Baclofen, meloxicam, and tramadol were prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Meloxicam 15mg bid #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific drug list adverse effects Page(s): 67, 68, 70, 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

**Decision rationale:** The claimant sustained a work injury in October 2010 and continues to be treated for low back and sacral pain. Pain was rated at 5-6/10. The claimant was also having constant left ankle pain. Physical examination findings included decreased ankle range of motion and decreased left lower extremity sensation. Medications are referenced as providing pain relief. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a GI event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. In this clinical scenario, guidelines do not recommend prescribing a selective COX-2 medication such as meloxicam over a non-selective medication. The request is not medically necessary.

**Baclofen 10mg tid #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

**Decision rationale:** The claimant sustained a work injury in October 2010 and continues to be treated for low back and sacral pain. Pain was rated at 5-6/10. The claimant was also having constant left ankle pain. Physical examination findings included decreased ankle range of motion and decreased left lower extremity sensation. Medications are referenced as providing pain relief. Oral baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries and is used off-label in the treatment of trigeminal neuralgia. In this case, the claimant does not have an upper motor neuron condition or any of these diagnoses. There is no identified new injury or acute exacerbation. It was not medically necessary.

**Tramadol 50mg bid #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Weaning of Medications Page(s): 78-80; 124; 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work injury in October 2010 and continues to be treated for low back and sacral pain. Pain was rated at 5-6/10. The claimant was also having constant left ankle pain. Physical examination findings included decreased ankle range of motion and decreased left lower extremity sensation. Medications are referenced as providing pain relief. Tramadol is a short acting opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain through the use of VAS pain scores, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.

