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| Case Number: | CM15-0116688 | | |
| Date Assigned: | 06/24/2015 | Date of Injury: | 12/04/2002 |
| Decision Date: | 07/23/2015 | UR Denial Date: | 05/15/2015 |
| Priority: | Standard | Application Received: | 06/16/2015 |

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 54 year old male who reported an industrial injury on 12/4/2002. His diagnoses, and/or impressions, are noted to include: lumbar disc displacement and degeneration with moderately severe lumbosacral discogenic disease and neural foraminal stenosis, status-post lumbosacral stabilization, with hardware, and fusion surgery; lumbar facet arthropathy; failed lumbar back surgery syndrome; post lumbar laminectomy syndrome; lumbar radiculopathy; and osteoarthritis of the bilateral knees. Recent magnetic imaging studies of the lumbar spine are noted on 2/1/2015. His treatments are noted to include surgeries; a home exercise program; the avoidance of bed rest; recommended weight loss/program; bilateral lumbosacral caudal epidural steroid infusion on 2/11/2015, with a 50-80% overall and continued improvement; medication management; and rest from work. The progress notes of 4/28/2015 reported worsening, constant neck pain that radiated to the bilateral shoulders, elbows, forearms, wrists, hands and fingers, was accompanied by tingling in the upper extremities and bilateral occipital headaches, and aggravated by activities and improved with narcotic medications and caudal epidural steroid injection therapy; severe bilateral knee pain; difficulty with sleep; and moderate constipation. Objective findings were noted to include continued good functional improvement following lumbosacral epidural steroid injection on 2/11/2015, tenderness over the lumbosacral spinal vertebra that is with moderately limited and painful range-of-motion, decreased sensation, decreased strength, and positive straight leg raise; as well as complaints of left knee pain; tenderness of the bilateral knees with painful, decreased range-of-motion, and a request for knee

injection that was previously denied. The physician's requests for treatments were noted to include Baclofen and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg bid #60: 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 has a remote history of a work injury occurring in December 2002 and continues to be treated for chronic pain. Medications are referenced as a creasing pain from 10/10 to 5/10. When seen, he had a worsening of symptoms and had constant pain rated at 9/10. He appeared to be in moderate distress. There was a slow and antalgic gait. There was lumbar spine tenderness with decreased and painful range of motion. There was decreased lower extremity strength and sensation. Straight leg raising was positive. There was bilateral knee tenderness with decreased and painful range of motion. Medications included Norco being prescribed at a total MED (morphine equivalent dose) of 50 mg per day. Baclofen was being prescribed on a long-term basis. 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. A non-sedating muscle relaxant is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no identified new injury or acute exacerbation and Baclofen has been prescribed on a long-term basis. The claimant does not have spasticity due to an upper motor neuron condition. The request was not medically necessary.

Norco 10/325mg 1 tab every 4 hours #150: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use; Weaning of Medications Page(s): 91; 78-80; 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant has a remote history of a work injury occurring in December 2002 and continues to be treated for chronic pain. Medications are referenced as a creasing pain from 10/10 to 5/10. When seen, he had a worsening of symptoms and had constant pain rated at 9/10. He appeared to be in moderate distress. There was a slow and antalgic gait. There was lumbar spine tenderness with decreased and painful range of motion. There was decreased lower extremity strength and sensation. Straight leg raising was positive. There was bilateral knee tenderness with decreased and painful range of motion. Medications included Norco being

prescribed at a total MED (morphine equivalent dose) of 50 mg per day. Baclofen was being prescribed on a long-term basis. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (Hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications have been referenced as providing pain control. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.