

<b>Case Number:</b>	CM15-0178809		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	08/25/2006
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 39-year-old male injured worker suffered an industrial injury on 8-25-2006. The diagnoses included lumbago. On 8-10-2015 the treating provider reported the pain was 5 out of 10 with medications and 10 out of 10 without medication and stated that he was the same as before. The visits of the prior 6 months showed no change in objective pain levels. The documentation provided did not include a current exam, no evidence of functional benefit with medicine and evidence of no aberrant drug risk assessment. The Utilization Review on 8-20-2015 determined modification for Baclofen 20 mg Qty 90 to #45, Norco 10/325 mg Qty 120 to #60 and non-certification Fentanyl patches 100 mcg/hr. Qty 10.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 20 mg Qty 90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** Based on the 07/13/15 progress report provided by treating physician, the patient presents with chronic pain to lumbar spine that radiates down the legs. The request is for BACLOFEN 20 MG QTY 90. RFA with the request not provided. Patient's diagnosis on 08/10/15 includes lumbago and other chronic pain. Physical examination on 07/13/15 revealed spasm and back pain with restricted range of motion, and positive straight leg raise test. Patient's medications include Norco, Baclofen, Fentanyl patch and Halcion. The patient is off-work, per 08/10/15 report. MTUS Chronic Pain Guidelines 2009, Muscle Relaxants section, page 63 states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen." Baclofen has been included in patient's medications, per progress reports dated 06/08/15, 07/13/15, and 08/10/15. It is not known when this medication was initiated. MTUS Guidelines do not recommend use of muscle relaxants for longer than 2 to 3 weeks. The patient has been prescribed Baclofen for more than 2 months from UR date of 08/20/15. The request for additional Baclofen would exceed guideline recommendation. Furthermore, the request for quantity 90 does not indicate intended short-term use of this medication. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

**Norco 10/325 mg Qty 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use.

**Decision rationale:** Based on the 07/13/15 progress report provided by treating physician, the patient presents with chronic pain to lumbar spine that radiates down the legs. The request is for NORCO 10/325 MG QTY 120. RFA with the request not provided. Patient's diagnosis on 08/10/15 includes lumbago and other chronic pain. Physical examination on 07/13/15 revealed spasm and back pain with restricted range of motion, and positive straight leg raise test. Patient's medications include Norco, Baclofen, Fentanyl patch and Halcion. The patient is off-work, per 08/10/15 report. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain

with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Norco has been included in patient's medications, per progress reports dated 01/12/15, 05/11/15, and 08/10/15. It is not known when this medication was initiated. In this case, treater has addressed analgesia with pain scales, but has not stated how Norco significantly improves patient's activities of daily living. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADLs, etc. No UDS's, opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4As. Furthermore, MTUS does not clearly support chronic opiate use for this kind of condition, chronic low back pain and radiculopathy. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

**Fentanyl patches 100 mcg/hr Qty 10: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** Based on the 07/13/15 progress report provided by treating physician, the patient presents with chronic pain to lumbar spine that radiates down the legs. The request is for FENTANYL PATCHES 100 MCG/HR QTY 10. RFA with the request not provided. Patient's diagnosis on 08/10/15 includes lumbago and other chronic pain. Physical examination on 07/13/15 revealed spasm and back pain with restricted range of motion, and positive straight leg raise test. Patient's medications include Norco, Baclofen, Fentanyl patch and Halcion. The patient is off-work, per 08/10/15 report. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Fentanyl Patch has been included in patient's medications, per progress reports dated 01/12/15, 05/11/15, and 08/10/15. It is not known when this medication was initiated. In this case, treater has addressed analgesia with pain scales, but has not stated how Fentanyl Patch significantly improves patient's activities of daily living. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADLs, etc. No UDS's, opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4As. Furthermore, MTUS

does not clearly support chronic opiate use for this kind of condition, chronic low back pain and radiculopathy. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.