

<b>Case Number:</b>	CM15-0179762		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	08/31/2000
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 69 year old female who reported an industrial injury on 8-31-2000. Her diagnoses, and or impressions, were noted to include: cervical spondylosis, degenerative disc disease and radiculopathy; and lumbar disc disorder and lumbosacral radiculopathy. A recent toxicology screening was noted on 4-20-2015 which showed consistent results; no current imaging studies were noted. Her treatments were noted to include: magnetic resonance imaging studies of the cervical spine (5-30-14) and of the lumbar spine (5-31-15), noting abnormal findings; surgery; cervical right radial frequency lesioning (9-27-13) - 100% effective; medication management with toxicology studies; and rest from work. The progress notes of 9-3-2015 reported: constant neck, and mid-lower back pain, rated 6-7 out of 10, made worse by cold weather and activities, and better by rest and pain medications. The objective findings were noted to include: no acute distress; without slurred speech and with good eye contact; an antalgic gait; with tenderness in the bilateral lumbar-lumbosacral para-vertebral regions-levels, and in the left sacroiliac joint; painful and restricted lumbar range-of-motion; reduced cervical range-of-motion with tenderness in the cervical para-vertebral region-levels; positive bilateral cervical Spruling's tests; and that she was originally scheduled for detoxification that visit, but that she took Norco that morning, did not present in total withdrawal, and was advised not to take any more opioids or narcotics; her detoxification was rescheduled for the next day. The physician's requests for treatment was noted to include: Baclofen 10 mg, 1 tablet 3 x a day for 28 days, #84; and Phenobarbital 30 mg, 1 tablet every 6 hours as needed for 10 days, #30. The progress notes of 9-4-2015 reported a follow-up visit for pain management, with complaints of existing neck,

back, knee, and shoulder pain. The objective findings were noted to include: no acute distress; lethargy and oriented to person, place and time, with slurred speech, dilated pupils, and did not make good eye contact; anxiety; an antalgic gait; tenderness in the bilateral lumbar-lumbosacral para-vertebral regions-levels, and in the left sacroiliac joint; painful and restricted lumbar range-of-motion; reduced cervical range-of-motion with tenderness in the cervical para-vertebral region-levels; positive bilateral cervical Spurling's tests; and notation that she discontinued her Norco, on 9-3-2015, and that her "COWS" score was 17, which was moderate withdrawals, and Buprenorphine was inducted, and she was monitored x 4 hours. The physician's requests for treatments were noted to include: Baclofen 10 mg, 1 tablet three x a day for 28 days, #84; and Phenobarbital 30 mg, 1 tablet every 6 hours as needed, for 10 days, #30. The Request for Authorization for: Baclofen 10 mg, 1 tablet three x a day for 28 days, #84; and Phenobarbital 30 mg, 1 tablet every 6 hours as needed, for 10 days, #30 was not noted in the medical records provided. The Utilization Review of 9-9-2015 non-certified the requests for Baclofen 10 mg, #84, and Phenobarbital 30 mg, #30.

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

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

#### **1 Prescription of Baclofen 10mg, #84: Overturned**

**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): Muscle relaxants (for pain).

**Decision rationale:** According to the guidelines, Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. In this case, the claimant was going through opioid detox and had severe pain. The Baclofen was used in substitute of opioids (Norco) to manage back pain and spasms in the transition and is medically necessary.

#### **1 Prescription of Phenobarbital 30mg #30: 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): Barbiturate-containing analgesic agents.

**Decision rationale:** In this case, the claimant was detoxifying from opioids. The claimant had stopped multiple opioids and NSAIDs. In preparation for detoxification, the claimant was provided Phenobarbital. The request based on physician protocol, claimant pain and need to wean is appropriate however, Phenobarbital is also known to cause addiction. Methadone is commonly use for addiction and detoxification. The use of Phenobarbital as 1st line is not justified and not medically necessary.

