

<b>Case Number:</b>	CM15-0045466		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	01/24/2003
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal 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 injured worker is a 46-year-old male who has reported neck pain after an injury on 01/24/2003. Current diagnoses include facet arthropathy, headache, cervical radiculopathy, failed neck surgery syndrome, and spasticity. Previous treatments included surgery, medications, transcutaneous electrical nerve stimulation (TENS), physical therapy, surgery, and injections. A drug test was apparently performed on 9/25/14, although no results were provided in the reports. The Utilization Review referred to this test as positive for benzodiazepine, methadone, opiates, and oxycodone. No available physician reports discuss this result. This result is not consistent with the prescribed medications. Per the report of 12/4/14, neck and back pain were ongoing at 9/10. Current medications included baclofen, oxycodone, methadone, promethazine, and Cyclobenzaprine. Cyclobenzaprine #120 and methadone #270 were prescribed. Oxycontin was continued. There were no physical findings listed. Per the report of 1/8/15, there was ongoing neck and back pain, rated as 9/10. The blood pressure was 93/69 with a pulse of 99. Physical findings were the same as those on 2/5/15. The cyclobenzaprine #120, methadone #270, and oxycodone were continued. Per a report dated 02/05/2015, there was cervical pain, bilateral upper extremity paresthesias, right lower extremity weakness, and frequent falling. Pain on a "good day" was rated as 9 out of 10 on the visual analog scale (VAS). Pain was worsened by all activities. He was stated to be disabled and living with his parents. Current medications included baclofen, oxycodone, methadone, promethazine, and Cyclobenzaprine. The physical examination was notable for neck and low back tenderness, spasm, and non-specific weakness in the lower extremity. Spasticity was listed but not described. The blood pressure was 96/70. The treatment plan included an MRI of the lumbar spine, bilateral lower extremity electromyogram/nerve conduction velocity (EMG/NCV), continue or start Baclofen #90 with one refill, continue Methadone #270 and Flexeril #120; and follow up in four weeks. The physician noted that a pain management agreement is on file, urine drug screens are performed

routinely, and the CURES database is reviewed routinely. There was no work status. There was no discussion of the specific benefits of any specific medication and reasons why it should be continued. On 2/16/15 Utilization Review non-certified baclofen, noting the MTUS, the lack of benefit, and the lack of indications. Methadone was non-certified based on lack of benefit, the MTUS, and psychiatric disorders. Cyclobenzaprine was non-certified based on the MTUS and lack of indications for long term use. The MRI was non-certified based on the MTUS and the lack of indications.

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

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

**Decision rationale:** The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. There is no evidence for spasticity or spinal cord injury, the primary indications for baclofen. The quantity prescribed implies long term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants to date. This injured worker has already been prescribed very large quantities of daily cyclobenzaprine, making baclofen redundant and particularly concerning in light of what was described as frequent and worsening falls. As prescribed, this muscle relaxant is not indicated and is not medically necessary per the MTUS.

#### **Methadone 10mg #270: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management, Opioids, steps to avoid misuse/addiction, indications, Chronic back pain, Mechanical and compressive etiologies, Medication trials Page(s): 77/81, 94, 80, 81, 60.

**Decision rationale:** There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence other than possibly an opioid contract. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence of significant pain relief or increased function from the opioids used to date. Pain is consistently 9/10 and function is poor. There is no mention of any return to work, which fails the "return-to-work" criterion for opioids in the MTUS. The MTUS recommends random urine drug screens for patients with poor pain control and to help manage patients at risk of

abuse. There is no evidence of random drug tests. The only test result listed was not consistent with the prescribed medications. The treating physician has not addressed the multiple, sedating and psychoactive medications in the context of the frequent falls. Methadone may be one of the contributors. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS.

**Cyclobenzaprine 10mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

**Decision rationale:** The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for months or more. The quantity prescribed implies long term use, not a short period of use for acute pain. The #120 every month is excessive, as it exceeds the usual daily dosage of three times daily (tid). The large quantities of muscle relaxants have not been addressed in the context of the frequent and worsening and falls. Cyclobenzaprine may be contributing. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Cyclobenzaprine, per the MTUS, is indicated for short term use only and is not recommended in combination with other agents. This injured worker has been prescribed multiple medications along with cyclobenzaprine, including baclofen. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.

**Lumbar magnetic resonance imaging (MRI) without contrast: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 291-296, 303, 390. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, MRI.

**Decision rationale:** The treating physician has not described the clinical evidence of significant pathology discussed in the MTUS, such as "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination." No "red flag" conditions are identified. The treating physician has not provided an adequate clinical evaluation, as outlined in the MTUS ACOEM Guidelines Pages 291-296. Per the Official Disability Guidelines citation above, imaging for low back pain is not beneficial in the absence of specific signs of serious pathology. The treating physician has not provided specific indications for performing an MRI. MRI of the lumbar spine is not indicated in light of the paucity of clinical findings suggesting any serious pathology; increased or ongoing pain, with or without radiation, is not in itself indication for MRI. An MRI of the lumbar spine is not medically necessary based on lack of sufficient indications per the MTUS and the Official Disability Guidelines.