MAXIMUS Federal Services

| Case Number: | CM14-0147931 | | |
|---|---|---|---|
| Date Assigned: | 09/15/2014 | Date of Injury: | 10/27/1993 |
| Decision Date: | 10/20/2014 | UR Denial Date: | 08/26/2014 |
| Priority: | Standard | Application Received: | 09/11/2014 |

## 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

## 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 records presented for review indicate that this 47 year old gentleman was reportedly injured on October 27, 1993. The most recent progress note, dated August 18, 2014, indicates that there were ongoing complaints of back pain. The physical examination demonstrated tenderness along the lumbar spine paravertebral muscles as well as the sacroiliac joints, tenderness at the left sided trochanteric bursa, and lower extremity neurological examination was normal. Diagnostic imaging studies of the lumbar spine revealed L2 to L3 degenerative disc disease. Previous treatment includes a trochanteric bursa injection, home exercise, and oral medications. A request was made for Norco and Baclofen and was not certified in the preauthorization process on August 26, 2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009 Page(s): Page 74-78, 88, 91 of 12.

**Decision rationale:** Norco (Hydrocodone/Acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California Medical Treatment Utilization Schedule (MTUS) guidelines support short acting opiates at the lowest possible dose that establishes improvement (decrease) and the pain complaints and increased functionality, as well as the ongoing review and documentation of pain relief, functional status, and appropriate medication use and side effects. The injured employee has chronic pain after a work related injury, however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not considered medically necessary.

**Baclofen 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines non sedating muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines C.C.R. 9792.20 - 792.26; MTUS (Effective July 18, 2009) Page(s): Page 63-64 of 127..

**Decision rationale:** Baclofen is recommended 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 (trigeminal neuralgia). It is also noted that the efficacy diminishes over time. Therefore, when noting that there is no objectification of a spinal cord injury or spasticity related to muscle spasm there is no functional benefit with the use of this medication. As such, this request for Baclofen is not medically necessary.