

<b>Case Number:</b>	CM14-0036524		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	04/07/2003
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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. 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 42-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 7, 2003. In a Utilization Review report dated March 13, 2014, the claims administrator failed to approve requests for Norco, baclofen, and OxyContin. The claims administrator referenced an RFA form received on March 6, 2014 and an associated progress note of February 4, 2014 in its determination. The applicant's attorney subsequently appealed. On October 29, 2013, the applicant reported ongoing complaints of low back pain status post earlier failed spinal cord stimulator implantation. The applicant was given refills of Desyrel, OxyContin, and Norco. The applicant reported worsened complaints of depression, fatigue, sedation, and insomnia. The applicant's complete medication list included Norco, OxyContin, Senna, baclofen, and Colace, it was reported toward the top of the note. The applicant's work status was not explicitly stated, although it did not appear that the applicant was working. On February 4, 2014, the applicant reported ongoing complaints of low back pain. The applicant had developed a flu, it was reported. The applicant stated that he had "not engaged in any significant activity" owing to issues with flu and/or low back pain. The applicant was spending more time in bed secondary to his heightened pain complaints, it was reported. The applicant was overweight with a BMI of 28, it was reported. The applicant was given refills of baclofen, Colace, Norco, OxyContin, and Desyrel. Once again, the applicant's work status was not explicitly detailed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #120 with one refill:** 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): Opioids, criteria for use.

**Decision rationale:** No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not explicitly reported on February 4, 2014. The applicant was described as not engaged in significant activity and spending a great deal of time in bed on that date, it was reported. On October 29, 2013, the applicant was described as having worsening complaints of fatigue, depression, and sedation, conditions secondary to heightened pain complaints. All of the foregoing, taken together, strongly suggested that the applicant had in fact failed to profit in terms of the parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request was not medically necessary.

**Baclofen 10mg, #160 with five refills.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Muscle relaxants (for pain).

**Decision rationale:** Similarly, the request for baclofen, an antispasmodic medication, was not medically necessary, medically appropriate, or indicated here. While page 64 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that baclofen, an antispasmodic medication, is recommended orally in the treatment of spasticity associated with multiple sclerosis and/or spinal cord injuries but can be employed off-label for neuropathic pain, as was present here in the form of the applicant's lumbar radiculopathy, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant's work status was not reported on multiple office visits, referenced above, including on February 4, 2014, suggesting that the applicant was not, in fact, working. The attending provider noted on February 4, 2014 that the applicant was "not engaged in any significant activity." The attending provider noted that the applicant was spending more time in bed on that date. Ongoing usage of baclofen failed to

curtail the applicant's dependence on opioid agents such as Norco and OxyContin. On an earlier note of October 29, 2013, it was acknowledged that the applicant had issues with heightened fatigue, sedation, and depression secondary to uncontrolled low back pain. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing use of the same. Therefore, the request was not medically necessary.

**Oxycontin 60mg, #90 with one refill:** 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): Opioids, criteria for use.

**Decision rationale:** Finally, the request for OxyContin, a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not reported on multiple office visits, referenced above, including on February 4, 2014, suggesting that the applicant was not, in fact, working. The applicant was described as largely bedridden on February 4, 2014. It was stated that the applicant was not engaged in any significant activity on February 4, 2014. On October 29, 2013, the applicant reported heightened pain complaints with derivative complaints of fatigue, sedation, and depression. All of the foregoing, taken together, strongly suggested that the applicant had in fact failed to profit in terms of the parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request was not medically necessary.