

<b>Case Number:</b>	CM17-0015790		
<b>Date Assigned:</b>	01/30/2017	<b>Date of Injury:</b>	11/12/2016
<b>Decision Date:</b>	02/23/2017	<b>UR Denial Date:</b>	01/11/2017
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2017

### 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, Florida, 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 injured worker is a 56 year old male who sustained an industrial injury on 11-12-2016. A review of medical records indicates the injured worker is being treated for lumbar muscle strain. Medical records dated 12-3-2016 noted pain in the low back which was unchanged. Exam noted tenderness to the lumbosacral spine with limited range of motion. Treatment has included Norco since at least 11-15-2016. Utilization review form dated 1-11-2017 noncertified Norco 7.5-325mg #112 and Baclofen 20mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, and Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Muscle relaxants (for pain).

**Decision rationale:** This is a request for Baclofen 20 mg #60. This claimant was injured in 2016. As of December 2016, there is low back pain which was unchanged. There is limited spine range of motion. Treatment has been Norco since at least November of 2016. The objective functional improvement on the regimen is not documented. No acute injury muscle spasm is noted. Baclofen is a muscle relaxant. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain 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. (Homik, 2004) In this claimant's case, there is no firm documentation of acute spasm that might benefit from the relaxant, or that its use is short-term. Moreover, given there is no benefit over non-steroidal anti-inflammatory medicines, it is not clear why over the counter NSAID medicine would not be sufficient. This request is not medically necessary.

**Norco 7.5-325mg #112:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Opioid Treatment 2016. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Opioid Treatment 2016, Section(s): 4.1 Tapering Opioids: Indications for Tapering Opioids.

**Decision rationale:** This is a request for Norco 7.5 325 mg #112. This claimant was injured in 2016. As of December 2016, there is low back pain which was unchanged. There is limited spine range of motion. Treatment has been Norco since at least 11-15-2016. The objective functional improvement on the regimen is not documented. No acute injury muscle spasm is noted. Please see the Opioids Treatment Guidelines MTUS - 8 C.C.R. 9792.24.4 (July 28, 2016) S1-20. A key parameter to continue opiates is documentation of objective, functional improvement, which is not demonstrated in this case. If there is no improvement, the medicines are tapered and discontinued. The majority of guidelines address aspects of tapering opioids among patients who have been on opioids on a generally continuous basis for at least 90 days. [1-3, 28, 34] The vast majority of recommendations in these guidelines are consensus-based, since there is a lack of published data on the indications for tapering or on effectiveness of various tapering methods in the patient population receiving chronic opioid treatment. The guidelines reviewed universally agree that tapering should be considered when opioids have been ineffective, when serious adverse events have occurred, or when aberrant or illegal behaviors have occurred. Indications for tapering: Most guidelines describe tapering a patient to either a lower dose of opioids or completely off of them under any of the following circumstances: Patient expresses a desire to discontinue therapy. Resolution of pain. No documented improvement in pain and function, unless there are extenuating circumstances, or patient claims a lack of effectiveness. Patient is non-adherent to treatment plan and monitoring. Patient has engaged in illegal or dangerous activity, including: diversion, prescription forgery, suicide attempt, involvement in a motor

vehicle accident and/or arrest related to opioids, aggressive or threatening behavior in the clinic. Severe adverse effects or overdose events. In this case, there is no documentation of objective, functional improvement on the regimen. There are no extenuating circumstances noted. The request fails criterion 3 out of MTUS. The request is not medically necessary. This decision addresses the medical necessity of opioids as they have been prescribed to this injured worker. This medical necessity decision should not be interpreted as a recommendation to stop long-term opioids abruptly and the injured worker is advised to speak with their treating physician. The treating physician and the injured worker are advised to consult the MTUS Opioids Treatment Guidelines ("Tapering opioids"), and if necessary, other relevant guidelines, regarding the most appropriate method for weaning and terminating opioids for this injured worker.