MAXIMUS Federal Services

Case Number:	CM13-0037692		
Date Assigned:	12/18/2013	Date of Injury:	07/19/1993
Decision Date:	02/25/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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 patient reported an injury on 07/19/1993. The mechanism of injury was that the patient slipped in the parking lot, and twisted her ankle and aggravated her back. The patient was diagnosed with low back pain, right leg pain, and degenerative disc disease. The patient continues to complain of low back pain. The patient stated the pain is moderately in bilateral lumbosacral area, rated at a 2/10 to 3/10. The patient stated the back pain worsens with activities. The patient reported the pain is improved with medication, resting, lying down, and sitting. The patient reported that the pain radiates to both legs, right worse than left. The patient also reported numbness and tingling in the right buttocks and both legs from the knees down. The physical examination revealed limited range of motion with flexion, extension, rotation, lateral bending, and tenderness to L5-S1 spinous processes. The patient also had tenderness to the right SI joint area. The clinical documentation states that the patient uses 1 hydrocodone a day. The patient uses baclofen on as as-needed basis. The patient uses naproxen 2 times a day to help control her resting pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

Decision rationale: CA MTUS states that tricyclics are generally considered a first-line agent, unless they are ineffective, poorly tolerated, or contraindicated. Assessment of treatment efficacy should include not only pain outcomes, but also evaluation of function, changes in uses of other analgesic medications, sleep quality and duration, and psychological assessment. The guidelines also state that optimal duration of treatment is not known because most double-blind trials have been of a short duration. It has been suggested that if pain is in remission for 3 to 6 months, a gradual tapering of anti-depressants must be undertaken. The patient continued to complain of low back pain, with radiating pain into the buttocks and the lower extremities. No objective clinical documentation was submitted to show an improvement in the patient's function level, a decrease in pain outcomes, or a decrease in analgesic medication. Given the lack of documentation to support guideline criteria, the request is noncertified.

Hydrocodone/Acetaminophen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: CA MTUS states 4 domains have been proposed as the most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially adherent (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions, and provide a framework for documentation on the clinical use of these controlled drugs. The patient continued to complain of low back pain and lower extremity pain. The clinical documentation submitted for review did not show an increase in the patient's functioning level or a decrease in the patient's pain level. Given the lack of documentation to support the guideline criteria, the request is noncertified.

Omeprazole: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: CA MTUS states that patients at immediate risk for gastrointestinal events and no cardiovascular disease should consider use of a non-selective NSAID, with either a proton pump inhibitor or use of a COX-2 selective agent. Caution is given with long term use of proton pump inhibitors, as studies of use of PPIs show that use for greater than 1 year has

increased the risk of hip fracture. The patient complained of pain to the low back and the lower extremities. However, no clinical documentation was submitted indicating the patient was having any gastrointestinal issues. Also, there was no indication as to how long the patient has been taking omeprazole as the guidelines recommend short-term use. Given the lack of documentation to support guideline criteria, the request is noncertified.

Baclofen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

Decision rationale: CA MTUS recommends nonsedating muscle relaxants with caution as a second-line option for short term treatment of acute exacerbations in patients with chronic low back pain. The guidelines state 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 and pain in 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. The patient continued to complain of pain to the low back and to the lower extremities. However, no clinical documentation was submitted to show the efficacy of the baclofen. Also, the patient did not have any complaints of muscle spasms. Given the lack of documentation to support guideline criteria, the request is noncertified.