

Case Number:	CM13-0047245		
Date Assigned:	12/27/2013	Date of Injury:	03/03/2005
Decision Date:	02/21/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/05/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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 is a 51-year-old male with date of injury on 03/03/2005. The progress report dated 11/19/2013 by [REDACTED] indicates that the patient's diagnoses include: 1. Chronic intractable low back pain. 2. Multilevel lumbar degenerative disk disease, status post L4-L5 and L5-S1 disk arthroplasties. 3. Lumbar radiculopathy, right lower extremity. 4. Hypogonadism/testosterone deficiency secondary to chronic opioid use. 5. Hypertension, industrial causation. The patient continues with symptomatic ongoing low back pain. The patient has a history of L4-L5 disk arthroplasty performed in 2010 and prior L5-S1 disk arthroplasty performed years prior. He has had 3 spinal cord stimulator trials with most recent trial performed on 01/15/2013. Stimulator trial appeared to be effective for radicular side effects; however, did not provide him with adequate coverage of his low back which is the patient's primary complaint. The patient rates his pain without medication use at a 10/10 which comes down to a 6/10 with the use of medications. The patient reports significant functional improvement as well as improvement in pain with his current medication use. With medication, he is able to participate in activities of daily living including light housework and home exercise program. Without medication, he is confined primarily to his bed or chair. The patient shows no drug-seeking behavior. He is utilizing his medications appropriately. His urine drug screen is consistent with prescribed medications. He has signed an opioid agreement. The utilization review letter dated 10/10/2013 indicates denial of baclofen as well as Dilaudid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10 mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-93.

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

Decision rationale: The records indicate that the patient continues with significant low back pain as well as significant muscle spasm. The patient has been chronic use of baclofen as a muscle relaxant due to his chronic muscle spasms. The progress reports dated 07/03/2013, 08/29/2013, and 11/19/2013 indicate the patient has been on continued use of this medication. MTUS page 63 regarding muscle relaxants states that muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. This patient appears to have been utilizing this muscle relaxant for long-term use which is not indicated by the guidelines noted above. Therefore, recommendation is for denial.

Dilaudid 4 mg, #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88-89.

Decision rationale: The patient continues with significant low back pain with associated muscle spasm and lower extremity symptoms. The progress report dated 11/19/2013 indicates the patient reports the pain at a 10/10, coming down to a 6/10 with pain medication and reports significant functional improvement. The patient is able to participate in activities of daily living such as light housework and home exercise program. Without medications, he is confined primarily to his bed or chair. The patient shows no drug-seeking behavior. He is utilizing his medication appropriately. His urine drug screen is consistent with prescribed medications. He has signed an opioid agreement. MTUS page 88, 89 regarding long-term uses of opioids states that pain should be assessed at each visit and functioning should be measured at 6-month interval using a numerical scale or validated instrument. A satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of functioning, or improved quality of life. Under strategy for maintenance, it states do not attempt to lower the dose if it is working. The records appear to indicate that this patient has severe pain that is significantly reduced with the opioid pain medication and provides the patient with significant functional benefit. The patient does not appear to have negative side effect or drug-seeking behavior. Therefore, authorization is recommended.

