

Case Number:	CM14-0001126		
Date Assigned:	01/24/2014	Date of Injury:	11/06/2006
Decision Date:	12/26/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/03/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 44-year-old female with an 11/6/06 date of injury. At the time (11/4/13) of request for authorization for Percocet 10/325 twice a day as needed severe pain, #60, Oxycontin 20 mg twice a day, #60, 4 refills, and Baclofen 10 mg bid prn severe spasms, #60 to reduce spasms, 3 refills, there is documentation of subjective (neck pain radiating to upper extremities with numbness/tingling, low back pain, and burning left foot pain) and objective (severe lumbar paraspinal spasm, decreased cervical as well as lumbar range of motion, and antalgic gait) findings, current diagnoses (wrist sprain/strain, left upper extremity neuropathic pain, spasm of muscle, and complex regional pain syndrome), and treatment to date (medications (including ongoing treatment with Baclofen since at least 7/10/13, Topamax, Lidoderm patch, Percocet, Oxycontin, and Lyrica)). Medical report identifies that pain medications help relieve pain, allowing the patient to go out, wash and fold laundry, and set up dinner table; and Baclofen helps reduce spasticity over legs, allowing increased mobility and function. In addition, medical reports identify that opiate contract was reviewed with the patient. Regarding Percocet 10/325 twice a day as needed severe pain, #60, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a specific result of Percocet use to date. Regarding Oxycontin 20 mg twice a day, #60, 4 refills, there is no documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a specific result of Oxycontin use to date. Regarding Baclofen 10 mg bid prn severe spasms, #60 to reduce spasms, 3 refills, there is no documentation of acute exacerbation of chronic low back pain; short-term (less than two weeks) treatment; and functional benefit or improvement as a reduction in work restrictions;

an increase in activity tolerance; and/or a reduction in the use of medications as a specific result of Baclofen use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 twice a day as needed severe pain, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of wrist sprain/strain, left upper extremity neuropathic pain, spasm of muscle, and complex regional pain syndrome. In addition, given documentation that opiate contract was reviewed with the patient, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, despite documentation that pain medications help relieve pain, allowing the patient to go out, wash and fold laundry, and set up dinner table, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a specific result of Percocet use to date. Therefore, based on guidelines and a review of the evidence, the request for Percocet 10/325 twice a day as needed severe pain, #60 is not medically necessary.

Oxycontin 20 mg twice a day, #60, 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Oxycodone Page(s): 74-80 92. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time, as criteria necessary to support the medical necessity of Oxycontin. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Oxycontin. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of wrist sprain/strain, left upper extremity neuropathic pain, spasm of muscle, and complex regional pain syndrome. In addition, given documentation that opiate contract was reviewed with the patient, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. In addition, despite documentation that pain medications help relieve pain, allowing the patient to go out, wash and fold laundry, and set up dinner table, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a specific result of Oxycontin use to date. Therefore, based on guidelines and a review of the evidence, the request for Oxycontin 20 mg twice a day, #60, 4 refills is not medically necessary.

Baclofen 10 mg BID PRN severe spasms, #60 to reduce spasms, 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of wrist sprain/strain, left upper extremity neuropathic pain, spasm of muscle, and complex regional pain syndrome. In addition, there is documentation of ongoing treatment with Baclofen; and Baclofen used as a second line option. However, despite documentation of muscle spasm, and

given documentation of an 11/6/06 date of injury, there is no (clear) documentation of acute muscle spasm, or acute exacerbation of chronic low back pain. In addition, given documentation of records reflecting prescriptions for Baclofen since at least 7/20/13, there is no documentation for short-term (less than two weeks) treatment. Furthermore, despite documentation that Baclofen helps reduce spasticity over legs, allowing increased mobility and function, and that pain medications help relieve pain, allowing the patient to go out, wash and fold laundry, and set up dinner table, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a specific result of Baclofen use to date. Therefore, based on guidelines and a review of the evidence, the request for Baclofen 10 mg bid prn severe spasms, #60 to reduce spasms, 3 refills is not medically necessary.