MAXIMUS Federal Services

Case Number:	CM14-0002654		
Date Assigned:	01/31/2014	Date of Injury:	05/29/2002
Decision Date:	06/19/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/08/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine, 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 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:

The injured worker is a 59 year old male who reported a back injury on 5/23/01. Within the clinical note dated 1/6/14, the injured worker reported stabbing pain down the right side of his back that radiated down his right lower extremity. The note stated the injured worker has tried to wean his narcotic usage, but no further documentation on the methods used to lower the usage was provided. The injured worker reported his pain as 7-8/10 with his medication and 10/10 without medication. The physical exam reported limited range of motion in the lower back with deep tendon reflexes grossly intact. The prescribed medication list included Oxycontin 60mg, Oxycodone immediate release 30mg, baclofen 20mg, and ibuprofen 800mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

IBUPROFEN 800MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN GUIDELINES, NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS), page 22.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, 67-68.

Decision rationale: The California MTUS guidelines recommend NSAIDs as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen, but fewer effects than muscle relaxants and narcotic analgesics. The injured worker has a documented utilization of NSAIDs for an extended history and is contraindicated by the guidelines to utilize Ibuprofen for an extended period due to the long term adverse effects. As such, the request is not medically necessary.

BACLOFEN 20MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN GUIDELINES, ANTISPACITY/ANTISPASMODIC DRUGS: page 66.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS, 63.

Decision rationale: The California 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. 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. Drugs with the most limited published evidence in terms of clinical effectiveness include baclofen. The mechanism of action is blockade of the pre- and post-synaptic GABAB receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. The injured worker did not report any signs of muscle spasms and neither did the physical exam report muscle spasms. Furthermore, the guidelines recommend muscle relaxants as a short term use medication and the injured worker has a documented prolonged use of the medication. As such, the request is not medically necessary.

OXYCONTIN 60MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN GUIDELINES, OPIOIDS, 22, 64, 78, 86, AND 92.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 78.

Decision rationale: The California MTUS guidelines recognize four domains that have been proposed as 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

aberrant (or non-adherent) drug-related behaviors. There is a lack of documentation that the injured worker has had urine drug screens to validate proper medication adherence in the submitted paperwork. In addition, within the clinical notes the injured worker has reported high pain, but further reported his medication gave him 50% relief; however the injured worker's pain did not support a 50% reduction. Lastly, the injured worker did not show any objective signs of functional improvement while on the medication. As such, the request is not medically necessary.

OXYCODONE IMMEDIATE RELEASE 30MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN GUIDELINES, OPIOIDS, 22, 64, 78, 86, AND 92.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 78.

Decision rationale: The California MTUS guidelines recognize four domains that have been proposed as 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 aberrant (or non-adherent) drug-related behaviors. There is a lack of documentation that the injured worker has had urine drug screens to validate proper medication adherence in the submitted paperwork. In addition, within the clinical notes the injured worker has reported high pain, but further reported his medication gave him 50% relief; however the injured worker's pain did not support a 50% reduction. Lastly, the injured worker did not show any objective signs of functional improvement while on the medication. As such, the request is not medically necessary.