

Case Number:	CM14-0151691		
Date Assigned:	09/19/2014	Date of Injury:	05/24/2013
Decision Date:	10/29/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/17/2014

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 & Rehabilitation 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:

The injured worker is a 28-year-old male who reported an injury on 05/24/2013 when he fell 3 feet into a ditch hurting his lower back. The injured worker complained of lower back pain that radiated down to his lower extremity. The injured worker had diagnoses of bulging disc at L4-5 with L5 nerve impingement, L5 annular tear, and lower back pain with spasms and radiculopathy. The MRI dated 08/05/2014 of the lumbar spine revealed disc narrowing with disc desiccation at the L4-5 disc level. Annular bulge and tear at this level with impinges on the bilateral axillary recesses, greater on the left, mildly impinging on emerging L5 nerve root bilaterally. The prior treatments included physical therapy, chiropractic therapy and medication. The objective findings dated 08/18/2014 of the lumbar spine revealed tenderness and spasms noted at the lumbosacral region with limited range of motion. The injured worker ambulated with a limp. There was a positive straight leg raise on the right greater than the left. The pain medication was increased from last visit and the injured worker indicated that it seems to be covering the pain although he still has radicular pain down the leg. The medication included oral morphine 30 mg, Oxycodone 10 mg, Lyrica 75 mg, ibuprofen, and baclofen. The treatment plan included refill of medications, refer to a physician, continue off work, and followup in 1 week. The request for authorization was not submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oral Morphine 30mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Opioids, criteria for use, Page(s): 78.

Decision rationale: The California MTUS guidelines recommend ongoing review of patient's utilizing chronic opioid medications with documentation of pain relief, functional status, appropriate medication use, and side effects. A complete pain assessment should be documented which includes current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or no adherent) drug-related behaviors. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. The request for refills would not be indicated as the efficacy of the medication should be assessed prior to providing additional medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. The request for Oral Morphine 30 mg #60 with 2 refills is not medically necessary.

Lyrica 75mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic Drug (AED's).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Pregabalin (Lyrica) Page(s): 99.

Decision rationale: The California MTUS Guidelines indicate Lyrica has been documented to be effective for the treatment of diabetic neuropathy and postherpetic neuralgia as FDA approved for both indications and is considered first line treatment for both. Lyrica has been approved to treat fibromyalgia. The injured worker did not have diagnoses of diabetic neuropathy, fibromyalgia or postherpetic neuralgia. The request did not indicate frequency. As such the request for Lyrica 75 mg #90 is not medically necessary.

Ibuprofen 800mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The California MTUS guidelines recommend the use of NSAIDs for patients with osteoarthritis (including knee and hip) and patients with acute exacerbations of chronic low back pain. The guidelines recommended NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. In patients with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. The documentation lacked the evidence the length of time the injured worker has been taking the ibuprofen. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The request did not address the frequency, duration or dosage. As such the request for ibuprofen 800 mg is not medically necessary.

Baclofen 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS Guidelines state that 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. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. The request did not address the frequency or duration. As such the request for Baclofen 10mg is not medically necessary.