

Case Number:	CM14-0153250		
Date Assigned:	09/23/2014	Date of Injury:	05/17/2010
Decision Date:	11/21/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/19/2014

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 Pain Medicine and is licensed to practice in Minnesota. 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 53-year-old male who reported an injury on 05/17/2010. The mechanism of injury was not included. The diagnoses included lumbar disc disorder, lumbar degenerative disc disease, back pain, radiculitis, and lumbar radiculopathy. The past treatments included exercise and me. The surgical history includes a lumbar laminectomy on 07/12/2012. The progress note, dated 08/12/2014, noted the injured worker complained of low back pain rated 7/10, and reported the symptoms are exacerbated with activity and alleviated by medications. The physical exam revealed severely limited lumbar extension, tenderness to palpation at the bilateral sciatic notch, positive seated straight leg raise on the right, positive Kemp's test bilaterally, right knee extension strength of 4/5, intact sensation, intact deep tendon reflexes and no change in bladder continence. The medications included baclofen 10 mg twice daily, Butrans 10 mcg per hour transdermal patch every 7 days, Fortesta 10 mg/0.5 g/actuation transdermal gel pump, and Norco 10/325 mg 1 - 2 tablets every 4 - 6 hours as needed for pain. The treatment plan indicated the injured worker had changed residence and will be finding a new physician, and refilled his medications for 3 months to give him time to find another physician. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Baclofen 10 mg (2 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Pain

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

Decision rationale: The request for 60 tablets of baclofen 10 mg (2 refills) is not medically necessary. The injured worker complained of low back pain rated 7/10. Severely limited lumbar range of motion was noted with tenderness to the sciatic notch, and 4/5 strength to the right lower extremity. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most cases they show no benefit beyond NSAIDS in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use may lead to dependence. Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. The injured worker had been using baclofen since as early as 04/08/2014. This exceeds the guideline recommendations for short term treatment. There is no documentation of failure of first line treatment. There is no indication of the efficacy of the medication. The injured worker's pain was rated at 7/10 on 03/31/2014 and 08/12/2014. Additionally, the frequency intended for use of the medication was not provided to determine medical necessity. Given the previous, the continued use of baclofen is not supported. Therefore, the request is not medically necessary.

180 tablets of Norco 10/325 mg (2 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78-80.

Decision rationale: The request for 180 tablets of Norco 10/325 mg (2 refills) is not medically necessary. The injured worker had low back pain rated 7/10. The California MTUS Guidelines recommend opioids as second line treatment of moderate to moderately severe pain, and for long term management of chronic pain when pain and functional improvements are measured using a numerical scale or validated instrument. Adverse side effects and aberrant drug taking behaviors should also be assessed for ongoing management of opioids. There is no documentation of failure of first line treatments. There is no indication of the efficacy of the medication. The injured worker has been prescribed Norco 10/325 mg since as early as 03/31/2014. The injured worker's pain was rated 7/10 on 03/31/2014 and 08/12/2014. There was no documented assessment of side effects or aberrant drug taking behaviors. Additionally, the frequency intended for use was not included in the request to determine medical necessity. Given the previous, the continued use of Norco is not supported at this time. Therefore, the request is not medically necessary.

Butrans 10mcg/hour Patches (2 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical medications. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids,Buprenorphine Page(s): 76-77,26-27.

Decision rationale: The request for Butrans 10 mcg per hour patches (2 refills) is not medically necessary. The injured worker had pain rated 7/10 to his low back. The California MTUS Guidelines recommend extended release opioids for treatment of continuous pain after reasonable alternatives to treatment have been tried. Prior to initiation, it is recommended the patient set goals, with the continued use of opioids being contingent upon meeting these goals, baseline functional measures should be made including social, psychological, physical, and daily/work activity using a validated scale. Urine drug screening for the use of illegal drugs should be performed. The guidelines state that buprenorphine is recommended for the treatment of opioid addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opioid addiction. There is no indication of treatment goals, baseline functional measurements, or a urine drug screening having been obtained. There is insufficient evidence of failure of first line treatments. There is no indication of the efficacy of the medication. The injured worker has been prescribed Butrans patches since as early as 03/31/2014. The injured worker's pain was rated a 7/10 on 03/31/2014 and 08/12/2014. Additionally, the number of patches and frequency intended for use were not included in the request to determine medical necessity. Given the previous, the continued use of the Butrans patch is not supported at this time. Therefore, the request is not medically necessary.

Fortesta 10mg/0.5grams actuation Transdermal Gel Pumps 60 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical medications. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Page(s): 110.

Decision rationale: The request for Fortesta 10 mg/0.5 g/actuation transdermal gel pump 60 g is not medically necessary. The injured worker had a noted onset of hypogonadism on 03/25/2014. There is no current diagnosis or assessment of hypogonadism. The California MTUS Guidelines recommend testosterone replacement in limited circumstances for patients taking high dose, long term opioids with documented low testosterone levels. An endocrine evaluation or testosterone level should be considered in men who are taking long term, high dose oral opioids, and who exhibit symptoms of hypogonadism such as gynecomastia. If needed, testosterone replacement should be done by a physician with special knowledge in this field, given the potential side effects such as hepatomas. There was no documentation of testing of testosterone levels. There was no documentation of endocrine evaluation. There was no assessment of signs or symptoms

of hypogonadism. The injured worker has been prescribed Fortesta since as early as 03/31/2014. There was no indication of reassessment of testosterone levels. Additionally, the frequency intended for use was not included in the request to determine medical necessity. Given the previous, the continued use of Fortesta is not supported at this time. Therefore, the request is not medically necessary.