

Case Number:	CM14-0179939		
Date Assigned:	11/04/2014	Date of Injury:	07/10/2007
Decision Date:	12/12/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/29/2014

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 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 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 patient is a 40 year old female with an injury date of 07/10/07. Based on the 10/23/14 progress report provided, the patient complains of low back pain rated 6/10 with and 10/10 without medications. Physical examination to the lumbar spine revealed surgical scars and tenderness to palpation to the paravertebral muscles. Range of motion was limited, especially on extension 15 degrees. Straight leg raise was positive on the left. Tenderness noted on the sacroiliac spine. According to patient, medications are working well. She still has pain symptoms, but they are alleviated somewhat by current medications. The patient has improved capability for activity of daily living (ADL) including self-care and household tasks, with improved capability for daily functional activities. The patient does not exhibit adverse behavior to indicate addiction. Patient has been instructed to walk for exercise as tolerated and continue with home exercise program. CURES report dated 08/14/14 showed appropriated prescriptions and providers. Urine toxicology report dated 06/27/14 was consistent with prescribed medications. Patient is permanent and stationary. Treater states that patient would be an excellent candidate for Spinal Cord Stimulator trial. Patient's medications include Oxycontin, Percocet, Neurontin, and Baclofen, which were prescribed in progress report dated 06/27/14. Surgical History:- Patient is status post lumbar microdiscectomy surgery L4-L5 01/03/08. - left ankle surgery 12/16/13- right ankle surgery 01/06/14 Diagnosis 10/23/14:- lumbar radiculopathy- post lumbar laminectomy syndrome- spinal/lumbar degenerative disc disease- low back pain- dizziness and giddiness The utilization review determination being challenged is dated 10/09/14. The rationale follows: 1) Percocet 10/325mg #180 - (1 every 4-6 hrs as needed): "no documentation of functional/vocational benefit..." 2) Baclofen 20mg #120- (every 6 hrs as needed for pain): "muscle relaxants are supported for short term use..." 3) Oxycontin 10mg #60-

(one twice daily): "no documentation of functional/vocational benefit..."4) Oxycontin 40mg #60- (one twice daily): "no documentation of functional/vocational benefit..." [REDACTED] is the requesting provider and he provided treatment reports from 05/14/14 - 10/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 88-98; 76-78.

Decision rationale: The patient presents with low back pain rated 6/10 with and 10/10 without medications. The request is for Percocet 10/325mg #180 - (1 every 4-6 hours as needed). Urine toxicology report dated 06/27/14 was consistent with prescribed medications. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request is medically necessary.

Baclofen 20mg #120: Upheld

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

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

Decision rationale: Regarding muscle relaxants for pain, MTUS Guidelines page 63 states, "Recommend 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 (LBP). Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (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 chlorzoxazone, methocarbamol, dantrolene and baclofen." Per treater report dated 09/25/14, patient's medications are working well. She still has pain symptoms, but they are alleviated somewhat by current medications. Baclofen was prescribed in

progress report dated 06/27/14. Per guideline, duration of use should be short-term, and treater is requesting quantity 120. Furthermore, requested medication is listed as one with the least published evidence for clinical effectiveness. The request is not medically necessary.

Oxycontin 10mg, #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 88-89; 76-78.

Decision rationale: MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request is medically necessary.

Oxycontin 40mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 88-98; 76-78.

Decision rationale: MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request is medically necessary.