

Case Number:	CM14-0031977		
Date Assigned:	06/20/2014	Date of Injury:	03/18/2000
Decision Date:	08/20/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/13/2014

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 Orthopedic Surgery 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 records presented for review indicate that this 61-year-old gentleman was reportedly injured on 03/18/2000. The mechanism of injury is unknown. The most recent progress note dated January 30, 2014, indicates that there are ongoing complaints of low back pain. Current medications include OxyContin, Percocet, and Baclofen. The physical examination demonstrated a mildly antalgic gait, tenderness along the lumbar spine, and sciatic notch bilaterally. There was decreased lumbar spine range of motion and decreased sensation at the left L5 dermatome. In addition, there was a positive left-sided straight leg raise test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a fusion at L4/L5 and L5/S1. A request had been made for Baclofen and OxyContin and was not certified in the pre-authorization process on March 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: Baclofen is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. The most recent progress note provided for review states that the injured worker does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons, the request for baclofen is not medically necessary.

Oxycontin 20mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 74, 78, 93.

Decision rationale: The California MTUS guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function. In addition, the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be noted. The injured employee has chronic pain; however, there is no documentation of improvement in his pain level or function with the current treatment regimen. In the absence of subjective or objective clinical data, this request for OxyContin is not medically necessary.