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| Case Number: | CM14-0032109 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 07/07/2004 |
| Decision Date: | 08/05/2014 | UR Denial Date: | 02/11/2014 |
| 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 56-year-old male with a 7/7/04 date of injury. At the time (2/11/14) of request for authorization for Baclofen 10mg tablets, qty #60 x3 and Amitiza 24 mcg capsules qty #60 x3 , there is documentation of subjective (low back pain with radiculopathy) and objective (antalgic gait and weakness, bilateral lumbar spasm, tenderness to palpation T12-S1, lumbar flexion 40, hyperextension 10, right and left lateral bend 15, positive straight leg raise left, positive reverse straight leg raise left, abnormal toe and heel walking, positive Patrick's maneuver left, positive Fabere test left) findings, current diagnoses (lumbar radiculopathy, history of laminectomy, lumbosacral, other acute reactions to stress, lumbago, and thoracic/lumbosacral neuritis/radiculitis), and treatment to date (medications (including ongoing treatment with opioids, Amitiza, and Baclofen since at least 11/8/13 with improvement in pain, increased function, increased mobility and tolerance of activities of daily living and home exercises). Regarding Baclofen, there is no documentation of acute exacerbations of chronic low back pain and the intention to treat over a short course.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg tablets, QTY #60 x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Non-sedating muscle relaxants.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of spasticity and muscle spasm related to multiple sclerosis and/or spinal cord injuries, as criteria necessary to support the medical necessity of Baclofen. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, history of laminectomy, lumbosacral, other acute reactions to stress, lumbago, and thoracic/lumbosacral neuritis/radiculitis. In addition, there is documentation of chronic low back pain with spasms. Furthermore, given documentation of ongoing treatment with Baclofen, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of Baclofen use to date. However, there is no documentation of acute exacerbations of chronic low back pain. In addition, given documentation of records reflecting prescriptions for Baclofen since at least 11/13/13, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Baclofen 10mg tablets, qty #60 times 3 is not medically necessary.

Amitiza 24 mcg capsules QTY #60 x3: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMITIZA website.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids; Initiating therapy Page(s): 77.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that when initiating opioid therapy, prophylactic treatment of constipation should be initiated. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Medical Treatment Guideline identifies documentation of a diagnosis/condition for which Amitiza (lubiprostone) is indicated (such as: for the treatment of chronic idiopathic constipation and/or opioid-induced constipation in adults) as criteria necessary to support the medical necessity of Amitiza. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, history of laminectomy, lumbosacral, other acute reactions to stress, lumbago, and thoracic/lumbosacral neuritis/radiculitis. In addition, there is documentation of a diagnosis/condition for which Amitiza (lubiprostone) is indicated (opioid-induced constipation in

adults). Therefore, based on guidelines and a review of the evidence, the request for Amitiza 24 mcg capsules qty #60 times 3 are medically necessary.