

Case Number:	CM14-0037712		
Date Assigned:	06/25/2014	Date of Injury:	03/19/1998
Decision Date:	07/28/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/28/2014

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 62 year old male with an injury date on 03/18/1998. Based on the 10/31/2013 progress report provided by [REDACTED], the patient presents with back pain and low back pain. The diagnosis is: 1.Lumbar/Lumbrosacro disc degeneration.Exam on 10/31/2013 showed the patient has back pain that are aching, burning, sharp, stabbing, throbbing, worsening, pressure, shooting, shocks, tingling, numbness and shoots down legs. Neurological exam indicated L4 and S1 dermatome decreased light touch sensation bilaterally. Spinal Exam reveals pain with valsalva bilateral, pain to palpation over the L3-L4, L4-L5 and L5-S1 facet capsules bilateral, pain with rotational extension, and positive left Straight-leg raise. CT scan on 05/20/2013 of the lumbar spine reveals mild narrowing of central canal and L4-5 diffuse disc bulge, facet athropathy, and hypertrophic ligamentum flavum, moderate to severe narrowing the left neural foramen at LS-51. [REDACTED] is requesting Diazepam 5 mg #90, DSS (Docusate) 250mg #60, Oxycontin 15mg #240, and Baclofen 10mg #90. The utilization review determination being challenged is dated 02/24/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 08/08/2013 to 11/05/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5mg. #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to the 10/31/2013 report, the patient presents for a re-evaluation of his back pain. The treater has asked for Diazepam 5 mg #90 on 02/11/2014. Diazepam 5mg was first prescribed by [REDACTED] on 6/25/2013, however, it is unknown exactly why the patient initially started taking this medication. MTUS guidelines page 24, do not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. In this case, review of records dating from 08/08/2013 to 11/05/2013 indicates this patient has been on Diazepam 5 mg since 06/25/13. There is no discussion regarding what the goals are for the use of this risky medication including an end point. The request is not medically necessary.

DSS (docusate) 250mg, #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids Page(s): 77.

Decision rationale: Regarding constipation medication, MTUS recommends as a prophylactic treatment when initiating opioid therapy. In this case, treater is requesting constipation medication in anticipation of side effects to opioid therapy which is reasonable and within MTUS guidelines. The request is medically necessary.

Oxycodone 15mg, #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids- specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Users of Opioids (6-months or more) Page(s): 88-89.

Decision rationale: This patient presents with continued complaints of low back. The treater is requesting Oxycodone 15mg #240. Oxycodone 15mg was first prescribed by [REDACTED] on 09/20//2013. For chronic opiate use, the MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once every six months. Documentation of the 4A (analgesia, ADLs, adverse side effects, and adverse behavior) are required. Furthermore under outcome measure, it also recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication, etc. Medical reports show that this patient has been on opiates for quite some time. Report on 08/06/2013 states, "narcotics improves condition, rest improve condition." On

10/21/2013 report, the patient indicates "back extension worsen condition, back flexion worsen condition", all lumbar range of motion worsen condition. In this case, the treater does not use a numerical scale to assess patient's current and average pain, with and without medication. There are no discussions regarding any functional improvement specific to the opiate use. None of the reports discuss any significant change in ADLs, change in work status, or return to work attributed to use of Oxycodone 15mg. MTUS require not only analgesia but documentation of ADL's and functional changes. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the request is not medically necessary.

Baclofen 10mg, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: According to the 10/31/2013 report, the patient presents for a re-evaluation of his back pain. The treater has asked for Baclofen 10mg #90 on 02/11/2014. Baclofen 10mg was first mentioned in the 08/06/2013 report; however, it is unknown exactly when the patient initially started taking this medication. For muscle relaxants for pain, the MTUS Guidelines page 63 states, "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exasperations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant for patient's reduction of pain and muscle spasms is reasonable; however, this medication has been prescribed to the patient since 08/06/2013. Baclofen is not recommended for long term use. Therefore, the request is not medically necessary.