

Case Number:	CM14-0054446		
Date Assigned:	07/07/2014	Date of Injury:	06/04/2010
Decision Date:	08/21/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/23/2014

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 Medicine and is licensed to practice in Pain Medicine 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 37-year-old male who sustained an injury on 06/04/10 when several heavy objects fell on top of him while unloading a trailer. The injured worker developed complaints of low back pain following the injury. The injured worker was diagnosed with degenerative disc disease. The injured worker was recommended initially for an L5-S1 artificial disc replacement; however, this was not performed. The injured worker did have prior facet joint injections that provided some relief; however, this was short lived. The injured worker was recommended for a lumbar fusion at L5-S1 in September of 2013. The injured worker had also been followed by pain management and was utilizing multiple medications to include Duragesic 50mcg per hour patches as well as gabapentin, Norco, Protonix and a Medrox ointment. The injured worker is noted to have had inconsistent urine drug screen results from October of 2013 as there were negative findings for Norco and Fentanyl. This result was not discussed in the November of 2013 report. The injured worker was seen on 03/07/14 for pain management. The injured worker continued to describe diffused pain in the neck as well as radiating pain to the left upper extremity as well as low back pain radiating to the bilateral lower extremities. The injured worker did report partial relief of symptoms with the use of medications. The injured worker described being able to perform activities of daily living better with medications. No intoxication or sedation was reported. Risk factors for narcotic medications were discussed with the injured worker and there were no reported aberrant drug behaviors or signs of diversion. Medications at this visit did include Baclofen 10mg taken 3 times daily, gabapentin 800mg taken 3 times daily, Norco 10/325mg 1-2 tablets 3 times daily, Protonix 40mg daily, MS Contin 15mg twice to 3 times a day, and Zofran 4mg tablet. There was no indication that Duragesic was being actively prescribed at this evaluation. Physical examination noted a mildly antalgic gait. There was tenderness to palpation in the neck and low back. Straight leg raise did reproduce radicular

symptoms in the lower extremities. There were concerns regarding possible nerve root compression and the injured worker was referred to the emergency room at this evaluation. The requested Baclofen 10mg, quantity 90 with 3 refills, Gabapentin 300mg, quantity 90 with 3 refills and Duragesic 50mcg per hour patch, quantity 10 with 3 refills were all denied by utilization review on 04/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #90 refills 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: In regards to the request for Baclofen 10mg, quantity 90 with 3 refills, this reviewer would not have recommended this request as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. Baclofen as a muscle relaxer is not recommended for long-term use. It is noted in the prior utilization report that this medication was modified to a quantity of 90 only. This reviewer would have agreed with this determination given guideline recommendations that muscle relaxers are not to be utilized in the long-term basis. Therefore, this reviewer would not have recommended this request as medically necessary as submitted.

Gabapentin 300mg #90 refills 3: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptics Page(s): 16-22.

Decision rationale: In regards to the request for Gabapentin 300mg, quantity 90 with 3 refills, this reviewer would have recommended this request as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. The injured worker did present with ongoing evidence of neuropathic symptoms in the upper and lower extremities. These symptoms have not abated over time and the injured worker did report good relief with the use of this medication. Gabapentin is a recommended first line medication for the treatment of neuropathic symptoms such as radicular pain. Given that this medication has been beneficial for the injured worker in the long term, this reviewer would have recommended this request as medically necessary.

Duragesic 50mcg/hr patch #10 refills 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the request for Duragesic 50mcg per hour patch, quantity 10 with 3 refills, this reviewer would not have recommended this request as medically necessary. As of March of 2014, there was no indication that Duragesic was being prescribed to the injured worker. The injured worker was taking MS Contin 15mg as a baseline pain medication. Given the lack of any updated indications for this medication, this reviewer would not have recommended this request as medically necessary.