

Case Number:	CM14-0055548		
Date Assigned:	07/09/2014	Date of Injury:	06/16/1991
Decision Date:	09/05/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/24/2014

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 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 injured worker is a 55-year-old male who sustained an injury on 06/16/1991. No specific mechanism of injury was noted. The injured worker has had a substantial amount of surgical procedures for the lumbar spine and has been followed for postlaminectomy syndrome. The injured worker was still being followed for chronic lumbar radiculopathy as well as reflex sympathetic dystrophy. Multiple medications had been prescribed to the injured worker including Baclofen, Lyrica, Oxycontin and hydrocodone. The injured worker did have a recent epidural steroid injection completed in March of 2014. The clinical report from 03/05/14 noted that the injured worker was able to obtain significant relief of lower extremity pain with the use of Norvasc as well as Lyrica. Physical examination at this evaluation noted spasms in the lumbar spine with marked loss of range of motion on flexion and extension. The injured worker did have allodynia in the lower extremities with a significantly antalgic gait. Medications at this evaluation included Paxil 20 mg taken daily, Lyrica 50 mg taken 3 times a day, Xanax 2 mg daily, Norvasc 10 mg daily, hydrocodone 10/325 mg 4 times daily, Baclofen 10 mg twice daily, OxyContin 20 mg ER 1-2 tablets twice daily, amlodipine 10 mg daily. Medications were continued at this evaluation. The requested Xanax 2 mg #30, oxycontin ER 20 mg #120 and Baclofen 10 mg #120 were all denied by utilization review on 04/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

XANAX 2 MG # 30: Upheld

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

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

Decision rationale: In regards to the use of Xanax 2 mg #30, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of benzodiazepines is not recommended by current evidence based guidelines, as there is no evidence in the clinical literature to support the efficacy of their extended use. The current clinical literature recommends short-term use of benzodiazepines only due to the high risks for dependency and abuse for this class of medication. The clinical documentation provided for review does not specifically demonstrate any substantial functional improvement with the use of this medication that would support its ongoing use. As such, this reviewer would not recommend continuing use of this medication.

OXYCONTIN ER 20 MG # 120: Upheld

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

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 oxycontin ER 20 mg #120, this reviewer would not have recommended this request as medically necessary. It is noted on the prior utilization report from 04/08/12 that the quantity was modified for 90 tablets. This reviewer would agree with the prior determination modifying the request for a total of 90 tablets only. The injured worker's current narcotic regimen exceeds the maximum recommended by guidelines set at 100 mg med per day. The injured worker was well above this level. The clinical documentation did not specify any significant functional improvement or pain reduction obtained with the use of oxycontin. Therefore, this medication would not have been supported as medically appropriate.

BACLOFEN 10 MG # 120: Upheld

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

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

Decision rationale: In regards to the use of Baclofen 10mg #120, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle

relaxers are recommended for short-term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, this reviewer would not have recommended ongoing use of this medication.