

Case Number:	CM14-0059565		
Date Assigned:	07/09/2014	Date of Injury:	05/08/2003
Decision Date:	09/05/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	04/30/2014

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 Occupational 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:

Patient is a 49 year-old male with date of injury 05/08/2003. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 03/13/2014, lists subjective complaints as pain in the low back that radiated to the legs bilaterally. Objective findings: Examination of the lumbar spine revealed bilateral pain to palpation of the paravertebral muscles and pain on palpation of the sacroiliac joint on the right. Straight leg test was negative. Motor strength was normal and no edema was noted in the lower extremities. Diagnosis: 1. Lumbosacral radiculopathy 2. Fibromyalgia/myotonia 3. Failed back syndrome, lumbar. Patient states that the constancy of pain and physical limitations is not helped by the Morphine. The medical records provided for review document that the patient has been taking MS Contin and Morphine for at least three months. There was no mention of Baclofen being prescribed until the date of the request for authorization on 03/13/2014. Medications: 1. MS Contin 30mg, #60 SIG: 1 tablet twice a day 2. Baclofen 10mg, #90 (No SIG given) 3. Morphine 15mg, #120 SIG: 1 tablet three times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MS Contin. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines): Low Back- Lumbar & Thoracic(Acute & Chronic) Morphine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The patient has been taking both MS Contin and short-acting morphine with stated pain levels of 9/10. Despite the long-term use of both long-acting and short-acting narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year.

Baclofen 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63.

Decision rationale: The MTUS recommends baclofen, a non-sedating muscle relaxant, with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Baclofen may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, it shows no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs.

(1) Spinal Cord Stimulator Trial under fluoroscopic guidance and with neurostimulator pulse generator programming: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulation (SCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 105-107.

Decision rationale: According to MTUS, indications for spinal cord stimulator are failed back syndrome, complex regional pain syndrome, post amputation pain, postherpetic neuralgia, spinal cord injury, pain associated with multiple sclerosis, and peripheral vascular disease. In addition, psychological screening should be obtained prior to a spinal cord stimulator trial, especially for serious conditions such as severe depression or schizophrenia. According to the medical record, the patient is severely depressed. Prior to authorizing any spinal cord stimulator trial, the patient must undergo his psychological evaluation.

Morphine 15mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine: See Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: As with the discussion, the above concerning MS Contin, the previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year.