

Case Number:	CM14-0073902		
Date Assigned:	07/16/2014	Date of Injury:	10/23/2007
Decision Date:	09/18/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/21/2014

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 Family Practice 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:

52 yr. old male claimant sustained a work injury on 10/23/07 involving the low back. He was diagnosed with lumbago and lumbar disc degeneration. His pain had been managed with Norco (Hydrocodone) and Percocet (Oxycodone) for over 6 months. A progress note on 4/30/14 indicated the claimant had back pain and spasms, which improved with medications. Exam findings were notable for paraspinal muscle tenderness (unchanged for months). The treating physician continued Oxycodone 15 mg twice a day along with Norco 40 mg daily, Baclofen 10 mg at night, Celebrex and Gabapentin. The claimant had also been on Baclofen for several months for spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg #60: 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 Page(s): 82-92.

Decision rationale: Oxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated at 1st line therapy for neuropathic pain, and chronic

back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Oxycodone containing products without significant improvement in pain or function for several months. The continued use of Oxycodone is not medically necessary.

Baclofen 10mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Inhibitors Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: According to the MTUS guidelines, Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia, non-FDA approved. In this case, the claimant does not have the diagnoses above. In most back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. The claimant had been on Celebrex (Cox inhibitor/NSAID). Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the above guidelines, the continued use of Baclofen is not medically necessary.