MAXIMUS Federal Services

Case Number:	CM14-0075273		
Date Assigned:	07/16/2014	Date of Injury:	11/30/2000
Decision Date:	09/16/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/23/2014

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 Pain Management & 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 56-year-old male with date of injury of 11/30/2000. The listed diagnoses per [redacted] dated 05/09/2014 are: Spondylosis lumbosacral, sciatica and disorders of the sacrum. According to this report, the patient continues to note persistent lower back pain with radiation along the lateral aspects of the lower extremities into the feet. He notes numbness along the lateral left lower extremity and tingling in both feet. His pain is 10/10 on the Visual Analog Scale (VAS) without medication. And with the use of OxyContin and Norco, it decreases the pain to 6.5/10 to 7/10. The medications allow him to walk and sit longer, without medication he reports increased pain and lack of ability to function. He continues to use baclofen 3 times a day for muscle spasms that occur along the back, the use of these medications lowers the frequency of the spasms. The objective findings show the patient has an antalgic gait and normal muscle tone without atrophy in the bilateral lower extremities. Sensation to light touch is decreased along the posterolateral aspect of the distal lower left extremity and dorsal web space on the right 1st toe. There is tenderness to palpation along the lumbar paraspinal musculature.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20 mg, QTY: 90 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) MTUS Page(s): 63-66.

Decision rationale: This patient presents with low back pain. The provider is requesting baclofen 20 mg quantity 90. The MTUS Guidelines page 63 states that it recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension. In most LBP cases, they showed no benefit beyond NSAIDs in pain and overall improvement. The records show that the patient has been taking baclofen since 08/15/2013. In this case, the guidelines do not support the long term use of muscle relaxants. Therefore this request is not medically necessary.

Motrin 800 mg, QTY: 90 with 5 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain , Anti-inflammatory medications , NSAIDs (non-steroidal anti-inflammatory drugs Page(s): 60, 61, 22, 67, 68.

Decision rationale: This patient presents with low back pain. The provider is requesting Motrin 800 mg quantity 90. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. The guidelines pages 60 and 61 on medications for chronic pain states that it is recommended, however, the relief of pain with the use of medications is generally temporary and measures of lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. The records show that the patient has been taking ibuprofen 800 mg since 08/15/2013. The progress report dated 05/09/2014 notes that medications allow him to walk and sit longer. With medication, his pain decreases from 10/10 to 6.5/10 to 7/10. In this case, the provider notes functional improvement while utilizing Motrin. Therefore the request is medically necessary and appropriate.