MAXIMUS Federal Services

Case Number:	CM14-0090773		
Date Assigned:	09/10/2014	Date of Injury:	09/14/1989
Decision Date:	10/14/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/16/2014

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 and Pain Medicine and is licensed to practice in Florida. 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 71-year-old male who reported an injury on 09/14/1989, caused by an unspecified mechanism. The injured worker's treatment history included S/P 3 level fusion, SCS, 2 level lumbar fusion, medications, and MRI studies. The injured worker was evaluated on 01/02/2014, and it was documented the patient complained of low back and right leg pain. The provider noted the injured worker's current pain medications were appropriate at this time. It was suggested for the injured worker to obtain a second opinion from the Stanford Pain Program. It was documented that the injured worker had pain relief from his current pain medications; however, just as with his multiple spine surgeries, injections, and SCS implant, it does not completely relieve all his pain. The injured worker's pain was 5/10. It was described as shooting, moderate, stabbing, cramping, hot/burning, and aching. It was documented muscle relaxers made the pain better. Physical examination revealed the injured worker ambulated with a cane; right side had antalgic, wide based gait; dysesthesia and prosthesis and loss of protective sensation to feet; DTRs 0 to 1 in LE's, 1+ in UE's; toe raise is intact. Slight weakness with left heel walking persists. Medications included MS-Contin 60 mg, Norco 10/325 mg, Baclofen 10 mg, DSS 250 mg, and Lidoderm patches 5%. Diagnosis included degeneration of lumbar or lumbosacral intervertebral, post laminectomy syndrome of the lumbar region, long term use of opiates for pain control, and chronic pain due to trauma. Request for Authorization dated 09/20/2014 was for MSER 50 mg, Baclofen 10 mg, and Lidoderm 5% patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of MSER 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009; Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: My rationale for why the requested treatment/service is or is not medically necessary: The request for 1 prescription of MSER 50 mg #90 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Schedule (MTUS) guidelines state that criteria for use for ongoing management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management. The provider failed to submit urine drug screen indicating opioids compliance for the injured worker. Additionally, the injured worker has been utilizing Morphine since 2012 and his pain still returns to baseline. There were no conservative measures indicated for the injured worker such as physical therapy or home exercise regimen for the injured worker. There was lack of documentation of long term functional improvement for the injured worker. In addition, the request does not include the frequency or duration of medication. Given the above, the request for prospective 1 prescription of MSER 50 mg # 90 is not medically necessary.

Prospective request for 1 prescription of Baclofen 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009.

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

Decision rationale: The request for prospective 1 prescription of Baclofen 10 mg #90 is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommend nonsedating muscle relaxants with caution as second line options for short term treatment of acute exacerbations in patients with chronic LBP. However, in most LBP cases, they show no benefit beyond NSAIDs in pain or overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependency. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machineries. Baclofen, the mechanism of action is blockage of the pre and post synaptic GABA B receptors. It 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. Side effects: sedation, dizziness, weakness, hypotension, nausea, respiratory depression, and constipation. This drug should not be discontinued abruptly. Withdrawal includes the risk of hallucinations and seizures. Use with caution in patients with renal and liver impairment. The documentation for review failed to

indicate how long the injured worker has been taking Baclofen and outcome measurements while on the medication. In addition, the documents failed to indicate the injured worker's conservative outcome measurements such as long term functional goals and pain medication management for the injured worker. The request failed to indicate frequency and duration of medication. Given the above, the request for Baclofen 10 mg #90 is not medically necessary.

Prospective request for 1 prescription of Lidoderm 5% patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

Decision rationale: The California MTUS Guidelines indicate that topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial and failure of first line therapy. This is not a first line treatment and is only FDA approved for post herpetic neuralgia. It is only recommended in the form of the Lidoderm Patch. The clinical documentation submitted for review failed to indicate the outcome measurements of home exercise regimen and long-term functional goals for the injured worker. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for prospective 1 prescription Lidoderm Patches 5% #30 is not medically necessary.