

Case Number:	CM14-0106345		
Date Assigned:	09/16/2014	Date of Injury:	12/10/2008
Decision Date:	01/02/2015	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/09/2014

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 Physical Medicine & 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 43 year old male with an injury date of 12/10/08. Based on the 05/23/14 progress report provided by treating physician, the patient complains of low back, bilateral knees, ankles and feet pain rated 4-7/10. Patient ambulates with a cane. Physical examination to the right knee on 05/23/14 and 06/14/14 revealed bony tenderness, and crepitus with limited flexion and extension due to pain. Examination of the ankles revealed discomfort and limited range of motion, strength and decreased sensation in the feet. There are fewer spasms in the bilateral calves since having a massage. Patient's medications per progress reports dated 05/23/14 and 06/24/14 include Oxycodone, Lyrica, Baclofen, Ibuprofen and Oxycontin. Progress report 05/23/14 states Oxycontin has been discharged and patient is completely off it. Per physicians report dated 06/24/14 (post UR date of 06/04/14), states that medications help, and patient has been relying more on Oxycodone, since being off Oxycontin. "Oxycodone decreases pain flares enough to do laundry, house chores and help with dishes. Ibuprofen decreases swelling in the ankles and knees. Baclofen almost completely resolves the muscle pain in the lower extremities allowing patient to help with cooking, go on his walks and perform his home exercise program daily." Patient is continuing home exercise program. Patient is permanent and stationary. Diagnosis as of 05/23/14 include arthritis, ankle foot- chronic unstable, ankle/foot pain- chronic unstable, sprain unspecified site of knee and leg- chronic unstable and chronic pain syndrome- unstable. The utilization review determination being challenged is dated 06/04/14. Treatment reports were provided from 05/13/14 - 06/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10MG #50: 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 OPIOIDS Page(s): 60-61; 88-89; 76-78.

Decision rationale: Patient's diagnosis dated 05/23/14 included chronic pain syndrome, chronic unstable sprain to unspecified site of knee and leg, ankle/foot arthritis, and ankle/foot pain. Physical examination to the right knee on 05/23/14 and 06/14/14 revealed bony tenderness, and crepitus with limited flexion and extension due to pain. Examination of the ankles revealed discomfort and limited range of motion, strength and decreased sensation in the feet. Patient's medications per progress reports dated 05/23/14 and 06/24/14 include Oxycodone, Lyrica, Baclofen, Ibuprofen and Oxycontin. Patient is continuing home exercise program. Patient is permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." Per physicians report dated 06/24/14 (post UR date of 06/04/14), states that medications help, and patient has been relying more on Oxycodone, since being off Oxycontin. Oxycodone decreases pain flares enough to do laundry, house chores and help with the dishes. The physician has not discussed reason for requesting Oxycontin, when he has documented patient is off it. In this case, the physician has not stated how Oxycontin reduces pain and significantly improves patient's activities of daily living; the four A's are not specifically addressed including discussions regarding adverse effects, aberrant drug behavior and specific ADL's, etc. Given the lack of documentation as required by MTUS, recommendation is for denial of Oxycontin. In the event the physician meant to request Oxycodone, the physician has documented that it helps with analgesia and ADL's. However, there are no discussions regarding adverse effects, and aberrant drug behavior in addressing the 4A's. No UDS's, opioid contract, or CURES report available. The request still would not meet MTUS requirements. Recommendation would be for denial of Oxycodone.

Baclofen 10mg #60: Upheld

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

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

Decision rationale: The patient presents with low back, bilateral knees, ankles and feet pain rated 4-7/10. Patient's diagnosis dated 05/23/14 included chronic pain syndrome, chronic unstable sprain to unspecified site of knee and leg, ankle/foot arthritis, and ankle/foot pain. Physical examination to the right knee on 05/23/14 and 06/14/14 revealed bony tenderness, and crepitus with limited flexion and extension due to pain. Examination of the ankles revealed discomfort and limited range of motion, strength and decreased sensation in the feet. Per physicians report dated 06/24/14 (post UR date of 06/04/14), states that medications help. Patient's medications per progress reports dated 05/23/14 and 06/24/14 included Oxycodone, Lyrica, Baclofen, Ibuprofen and Oxycontin. Patient is continuing home exercise program. Patient is permanent and stationary. Regarding muscle relaxants for pain, MTUS Guidelines page 63 states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and 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 dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include Chlorzoxazone, Methocarbamol, Dantrolene and baclofen." Per physicians report dated 06/24/14, Baclofen almost completely resolves the muscle pain in the lower extremities allowing patient to help with cooking, go on his walks and perform his home exercise program daily." Baclofen quantity 60 was prescribed in progress report dated 05/23/14. Per guideline, duration of use should be short-term due to diminished efficacy over time, and requested medication is listed as one with the least published evidence of clinical effectiveness. The physicians requesting another refill for quantity 60, which does not indicate intended short-term use. Recommendation is for denial.

Ibuprofen 800mg #120 x2: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and Gastrointestinal Symptoms Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications Page(s): 60-61; 22.

Decision rationale: The patient presents with low back, bilateral knees, ankles and feet pain rated 4-7/10. Patient's diagnosis dated 05/23/14 included chronic pain syndrome, chronic unstable sprain to unspecified site of knee and leg, ankle/foot arthritis, and ankle/foot pain. Physical examination to the right knee on 05/23/14 and 06/14/14 revealed bony tenderness, and crepitus with limited flexion and extension due to pain. Examination of the ankles revealed discomfort and limited range of motion, strength and decreased sensation in the feet. Per physicians report dated 06/24/14 (post UR date of 06/04/14), states that medications help. Patient's medications per progress reports dated 05/23/14 and 06/24/14 included Oxycodone, Lyrica, Baclofen, Ibuprofen and Oxycontin. Patient is continuing home exercise program. Patient is permanent and stationary. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. It is also supported for other chronic pain conditions.

Per physicians report dated 06/24/14, Ibuprofen decreases swelling in the ankles and knees. The request meets MTUS indication. Recommendation is for authorization.