

Case Number:	CM14-0198256		
Date Assigned:	12/08/2014	Date of Injury:	06/24/2002
Decision Date:	02/09/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/25/2014

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 63-year-old female with date of injury of 06/24/2002. The listed diagnosis from 09/24/2014 is status post lumbar fusion. According to this report, the patient complains of low back pain that is non-radiating. She will occasionally get pain and numbness radiating down the right lower extremity to the level of the knee. The patient is using Opana ER 20 mg and Opana IR 10 mg for breakthrough pain 3 to 4 times per day. She reports constipation with this medication and uses Senokot with good effect. The patient notes that without baclofen she would be in "significant spasm which would affect her functionality." She notes that with her pain medication regimen, her pain level is "reduced dramatically" and without the medications, she would be consistently at a rate of 9/10. She could do more around the house, walk and stand for longer periods of time with her medications. Without her medications, she can only walk 50 feet secondary to pain. The patient is able to garden more frequently because of her pain coverage. She also reports improved mood and sleep secondary to her decreased pain level with medications. She periodically uses a back brace which is helping her use less breakthrough medication. Her current pain level is 4/10 on the visual analog pain scale. The patient's medications include baclofen, Celebrex, Opana IR, Opana ER, and Senokot. Examination shows positive Gower's sign, sensation is intact to light touch. Decreased pinprick at L5 dermatome bilaterally. Strength is 5/5. Positive FABERE's sign on the right. Positive Gaenslen's sign on the right. Tenderness to palpation at L2-S1 bilaterally and at PSIS regions that is most prominent at the L5-S1 regions and at the L2-L3 regions. Mild to moderate hypertonic paraspinal musculature bilaterally in these regions. Treatment reports from 04/01/2014 to 12/15/2014 were provided for review. The utilization review denied the request on 10/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for initiating opioids Page(s): 76-78.

Decision rationale: This patient presents with low back pain. The patient is status post lumbar fusion, date unknown. The treater is requesting MS CONTIN 30 MG #60. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. The records show that the treater is discontinuing Opana ER and prescribing MS Contin as its replacement. The 08/22/2014 report notes that with medications, the patient has decreased pain levels, improved sleep and functional improvement. The patient requires these medications in order to function and have some quality of life. In this case, the current opioid has been documented as providing relief for the patient and no aberrant behaviors are noted. The physician is now making a change from Opana ER to MS Contin which is reasonable and medically indicated per the MTUS guidelines. The current request is medically necessary.

Senokot-S #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating therapy for opiate use Page(s): 77.

Decision rationale: This patient presents with low back pain. The patient is status post lumbar fusion, date unknown. The treater is requesting SENOKOT-S #60. The MTUS Guidelines page 77 on initiating therapy for opiate use states that the prophylactic treatment of constipation should be initiated when opioids are prescribed. The records show that the patient was prescribed Senokot on 04/01/2014. The 09/24/2015 report notes, "She has constipation on this medication regimen, but was using the Senokot with good effect." In this case, the patient is currently on opioids and the MTUS Guidelines support the prophylactic treatment of constipation when narcotics are prescribed. The request IS medically necessary..

Baclofen 20mg #45: Upheld

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

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

Decision rationale: This patient presents with low back pain. The patient is status post lumbar fusion, date unknown. The treater is requesting BACLOFEN 20 MG #45. For muscle relaxants for pain, the MTUS Guidelines page 63 that it recommends non-sedating muscle relaxants with precaution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension. In most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. The records show that the patient was prescribed baclofen on 04/01/2014. The treater notes medication efficacy stating, "She noted that without the baclofen, she would be in significant spasms which would affect her functionality." In this case, while the patient reports benefit with Baclofen use, the MTUS Guidelines do not support the long-term use of muscle relaxants. The request IS NOT medically necessary.

Ibuprofen 800mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: This patient presents with low back pain. The patient is status post lumbar fusion, date unknown. The treater is requesting IBUPROFEN 800 MG #90. The MTUS Guidelines page 22 on antiinflammatory medications states that antiinflammatories 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 09/24/2014 report notes, "She has failed ibuprofen, Mobic, and Naprosyn. I would like her to use Celebrex 200 mg daily, but this is not being authorized. Therefore, I am prescribing ibuprofen 800 mg q. h. p.r.n. (Rx given today for 90 pills)." While the MTUS Guidelines support the use of NSAIDs as first-line of treatment to reduce pain and inflammation, the treater has noted that the patient has failed ibuprofen in the past. The request IS NOT medically necessary.

Morphine sulfate 15mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for initiating opioids Page(s): 76-78.

Decision rationale: This patient presents with low back pain. The patient is status post lumbar fusion, date unknown. The treater is requesting MORPHINE SULFATE 50 MG #120. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable

alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, et cetera. MTUS goes on to state that baseline pain and functional assessment should be provided. Once the criteria has been met, a new course of opioids may be tried at this time. The records do not show any history of morphine sulfate use. The 08/22/2014 report notes that with medications, the patient has decreased pain levels, improved sleep and functional improvement. The patient requires these medications in order to function and have some quality of life. The treater is discontinuing Opana IR and replacing it with morphine sulfate. In this case, the current opioid has been documented as providing relief for the patient and no aberrant behaviors are noted. The physician is now making a change from Opana ER to MS Contin which is reasonable and medically indicated per the MTUS guidelines. The current request is medically necessary.