

Case Number:	CM14-0206658		
Date Assigned:	12/18/2014	Date of Injury:	12/24/2008
Decision Date:	02/09/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/10/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 thirty-nine year old female who sustained a work-related injury on December 24, 2008. A request for OxyContin 10 mg #60 and baclofen 10 mg #60 was non-certified in Utilization Review (UR) on November 12, 2014. The UR physician utilized the California (CA) MTUS guidelines in the determination. The UR physician noted that the CA MTUS guidelines require documentation of ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects for patients on chronic opioid therapy. The UR physician determined that the submitted documentation did not identify measurable analgesic benefit (VAS scores) with the use of opioids and there was no documentation of functional or vocation benefit with ongoing use. The documentation indicates the injured worker refused a drug screen and there was no documentation of a signed opioid agreement. A request for independent medical review (IMR) was initiated on December 10, 2014. A review of the documentation submitted for IMR revealed that the injured worker was evaluated from September, 2013 through September, 2014 for continued low back pain. Previous therapy tried included an L4-5, L5-S1 medial branch radiofrequency ablation neurotomy, physical therapy, TENS therapy and pain medications. The documentation indicates that the injured worker could not use nonsteroidal anti-inflammatory medications because of a history of gastroplasty. A physician's evaluation of August 13, 2014 revealed the injured worker had low back pain which radiated to the bilateral lower extremities. She expressed difficulty sleeping and pain with prolonged sitting, driving and walking. On examination, she had decreased lordosis and an antalgic gait while using a cane for assistance. She expressed moderate pain at the L4-5 and L5-S1 segments. The injured worker's range of motion was limited by pain. A physician's evaluation of September 25, 2014 indicated the injured worker's work performance and her activities of daily living were limited by severe low back pain. She reported that her sleep was

limited by pain and she had only three to five hours per night. An evaluation on September 26, 2014 indicated that the injured worker could not sit for more than 30 minutes without stretching. She could not lift items greater than 10 pounds. The injured worker could comb her hair, brush her teeth, drive, dress and use a computer; however she reported that she barely was able to do housework. On examination, she had no flattening of the lumbar lordosis, exhibited good posture, had no paravertebral spasms and no tenderness over the lumbar spine and paraspinal musculature. An evaluation on October 23, 2014 indicated the injured worker signed an opiate contract on September 18, 2014. Her activities of daily living were limited in severity by pain. The clinical documentation submitted for IMR did not include the September 18, 2014 opiate contract nor include specific documentation of functional gains/improvement related to using Baclofen and OxyContin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10mg tab bid #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use; Opioids, Specific Drug List; Weaning of.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76-85, 88-89.

Decision rationale: This 39 year old female has complained of low back pain since date of injury 12/24/08. She has been treated with radiofrequency ablation, TENS, physical therapy and medications to include opioids since at least 03/2014. The current request is for Oxycontin. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Oxycontin is not indicated as medically necessary.

Baclofen 10mg 1 tab bid #60: Upheld

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

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

Decision rationale: This 39 year old female has complained of low back pain since date of injury 12/24/08. She has been treated with radiofrequency ablation, TENS, physical therapy and medications to include muscle relaxants since at least 03/2014. The current request is for Baclofen. Per the MTUS guideline cited above, muscle relaxants are recommended with caution

as a second line option for the short term (2-4 week) treatment of acute exacerbations in patients with chronic lower back pain. The recommended duration of use has been exceeded in this patient. On the basis of the MTUS guidelines, Baclofen is not indicated as medically necessary in this patient.