

Case Number:	CM14-0208135		
Date Assigned:	12/22/2014	Date of Injury:	11/01/2005
Decision Date:	02/13/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/12/2014

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 11/01/05. Based on the 11/06/14 progress report provided by treating physician, the patient complains of back pain rated 4-9/10 with medications that radiates down the left leg. Patient ambulates with a cane. Physical examination to the lumbar spine on 11/06/14 revealed limited range, especially on extension 5 degrees. Positive straight leg raise test bilaterally. Sensory loss to light touch and pinprick in the left lateral calf and bottom of foot. Baclofen, Norco, and Zoloft have been prescribed in progress reports dated 01/28/13, 07/09/14 and 11/06/14. Per treater report dated 11/06/14, patient has been weaned off OxyContin, but is still using Norco to manage pain, Baclofen to control severe back spasms, and Zoloft for reactive depression. Patient reports 50% functional improvement with activities of daily living with the medications versus not taking them at all. Patient is under narcotic contract, and urine drug screens have been appropriate. Patient will resume exercise regimen. Patient is not working. Diagnosis 07/09/14, 11/06/14 - status post multiple back surgeries, including microdiscectomy and foraminotomy. Two laminectomies from L4-S1, considered a failed laminectomy syndrome - postoperative MRI revealing postoperative changes only. No acute findings - reactive depression, stable with Zoloft - chronic back spasms, stable with prn baclofen use - constipation from narcotic use, stable with stool softeners- dyspepsia from medications prescribed, stable with Prevacid - insomnia due to pain, stable with Lunesta - history of nonindustrial medical problems, including recent exploratory laparotomy, ilial repai, intramedullary rodding left femur due to fracture, and multiple rib fractures due to motor vehicle accident. The utilization review determination being challenged is dated 11/20/14. Treatment reports were provided from 01/28/13 - 11/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20 mg #90: Upheld

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

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

Decision rationale: The patient presents with back pain rated 4-9/10 with medications that radiates down the left leg. The request is for BACLOFEN 20MG #90. The patient is status post multiple back surgeries, including microdiscectomy and foraminotomy.; and two laminectomies from L4-S1, considered a failed laminectomy syndrome. Patient ambulates with a cane. Baclofen, Norco, and Zoloft have been prescribed in progress reports dated 01/28/13, 07/09/14 and 11/06/14. Patient reports 50% functional improvement with activities of daily living with the medications versus not taking them at all. Patient is under narcotic contract, and urine drug screens have been appropriate. Patient will resume exercise regimen. Patient is not working. 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 treater report dated 11/06/14, patient is prescribed Baclofen to control severe back spasms. 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. Baclofen has been prescribed in progress reports dated 01/28/13, 07/09/14 and 11/06/14. Furthermore, the request for quantity 90 does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

Norco 10/325 mg #160: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS; Page(s): 88- 89, 76-78; 60-61.

Decision rationale: The patient presents with back pain rated 4-9/10 with medications that radiates down the left leg. The request is for NORCO 10/325MG #160. The patient is status post multiple back surgeries, including microdiscectomy and foraminotomy.; and two laminectomies from L4-S1, considered a failed laminectomy syndrome. Patient ambulates with

a cane. Baclofen, Norco, and Zoloft have been prescribed in progress reports dated 01/28/13, 07/09/14 and 11/06/14. Patient will resume exercise regimen. Patient is not working. 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. Per treater report dated 11/06/14, patient has been weaned off OxyContin, but is still using Norco to manage pain. Patient reports 50% functional improvement with activities of daily living with the medications versus not taking them at all. Patient is under narcotic contract, and urine drug screens have been appropriate. However, treater has not appropriately addressed the 4A's as required by MTUS. There are no documentation of specific ADL's show significant improvement, other than a general statement that they are improved 50%. No validated instrument has been used to functional improvement. Analgesia has not been discussed either specifically showing significant pain reduction with use of Norco. Given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

Zoloft 100 mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13-15.

Decision rationale: The patient presents with back pain rated 4-9/10 with medications that radiates down the left leg. The request is for ZOLOFT 100MG #60. The patient is status post multiple back surgeries, including microdiscectomy and foraminotomy.; and two laminectomies from L4-S1, considered a failed laminectomy syndrome. Patient ambulates with a cane. Baclofen, Norco, and Zoloft have been prescribed in progress reports dated 01/28/13, 07/09/14 and 11/06/14. Patient will resume exercise regimen. Patient is not working. The MTUS guidelines page 13 to 15 on antidepressants states, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agents unless they are ineffective, poorly tolerated, or contraindicated.... Assessments of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration and psychological assessment." Per treater report dated 11/06/14, patient's reactive depression is stable with Zoloft. Patient reports 50% functional improvement with activities of daily living with the medications versus not taking them at all. In this case, the treater has noted medication efficacy and the MTUS guidelines supports the use of antidepressants as first-line treatment for neuropathic and non-neuropathic pain. The request IS medically necessary.