MAXIMUS Federal Services

Case Number:	CM14-0208362		
Date Assigned:	12/22/2014	Date of Injury:	11/20/2006
Decision Date:	02/12/2015	UR Denial Date:	12/02/2014
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 Internal Medicine, 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 injured worker (IW) is a 46-yesar-old man with a date of injury of November 20, 2006. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are status posttraumatic herniated disc C5-C6 and C6-C7; status post anterior cervical discectomy and fusion C5-C6 and C6-C7; spinal pain, moderate to severe; cervical incomplete myelopathy with quadriparesis; spastic bladder with partial urinary; spastic colon with fecal incontinence; inhibited spasticity; depression related to chronic pain with suicidal ideation intermittently; diabetes; hypertension; asthma, chronic; and sleep apnea. Pursuant to the progress note dated October 27, 2014, the IW complains of severe cervical spine pain, thoracic spine, and lumbar spine pain. He has been approved for 12 physical therapy sessions, but not for aquatic PT. Physical examination reveals tenderness to palpation on the cervical spine. There is limited decreased sensation bilaterally. Current medications include Baclofen 10mg twice a day and 20 mg nightly, Morphine 90mg three times a day, and Percocet 10/325mg, which has decreased from 8 tablets per day to 6 tablets per day. The provider reports he will prescribe Fentanyl sublingual spray 200 ug per spray, 1 dose every 4 hours as needed for breakthrough pain DOS: 10/27/14. He also takes Lyrica, Dulcolax, and Senna. The documentation in the medical record indicates that Baclofen was prescribed as far back as August 4, 2014. It is unclear whether this is a refill or start date. Additionally, the documentation does not contain Baclofen efficacy or evidence of objective functional improvement with its use. The documentation indicates MS Contin and Percocet were prescribed as far back as February 15, 2010. There is no evidence of objective functional improvement nor is there evidence of a clinical rationale for the ongoing use of MS Contin. In a progress note dated September 15, 2014, the IW was taking Lyrica 25mg for leg cramps. This was decreased from Lyrica 75mg on August 25, 2014 due to extreme fatigue and extreme sleepiness. The "buzzing" sensation in his legs has returned since the Lyrica was

decreased from 75mg to 25mg. The current request is for Baclofen 10mg #90, MS Contin 30mg #270, Oxycodone/APAP (Percocet) 10/325mg #180, and Lyrica 75mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10 mg # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Page(s): 64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Baclofen 10 mg #120 is not medically necessary. Muscle relaxants are recommended as a second line option of short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's diagnoses were status posttraumatic herniated disc C-5 - C6 and C6 - C7; status post anterior cervical discectomy and fusion C-5 - C6 and C6 - C7; spinal pain; cervical incomplete myelopathy; spastic bladder with partial urinary; spastic colon with fecal incontinence; inhibited spasticity; depression related to chronic pain with suicidal ideation intermittently; diabetes and hypertension; asthma; and sleep apnea. The documentation in the medical record indicates that Baclofen was prescribed as far back as August 4, 2014. It is unclear whether this is a refill or start date. Muscle relaxants (baclofen) are recommended for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations of chronic low back pain. The treating physician has exceeded the recommended guidelines in terms of baclofen use. Additionally, the documentation does not contain baclofen efficacy or evidence of objective functional improvement with its use. Consequently, absent clinical documentation to support the ongoing baclofen use and no evidence of long term objective functional improvement, baclofen 10 mg #120 is not medically necessary.

Morphin Contin 30 mg # 270: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates. Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Treatment Guidelines and the Official Disability Guidelines, MS Contin 30 mg #270 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status,

appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase the function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's diagnoses were status posttraumatic herniated disc C-5 - C6 and C6 - C7; status post anterior cervical discectomy and fusion C-5 - C6 and C6 - C7; spinal pain; cervical incomplete myelopathy; spastic bladder with partial urinary; spastic colon with fecal incontinence inhibited spasticity; depression related to chronic pain with suicidal ideation intermittently; diabetes and hypertension; asthma; and sleep apnea. The documentation indicates MS Contin was prescribed as far back as February 15, 2010. There is no evidence of objective functional improvement nor is there evidence of a clinical rationale for the ongoing use of MS Contin. Consequently, absent clinical indication to support the ongoing use of MS Contin with evidence of objective functional improvement, MS Contin 30 mg #270 is not medically necessary.

Oxycodone/APAP 10/325 mg # 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates. Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Oxycodone/APAP 10/325 mg #180 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase the function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's diagnoses are status posttraumatic herniated disc C-5 - C6 and C6 - C7; status post anterior cervical discectomy and fusion C-5 - C6 and C6 - C7; spinal pain; cervical incomplete myelopathy; spastic bladder with partial urinary; spastic colon with fecal incontinence inhibited spasticity; depression related to chronic pain with suicidal ideation intermittently; diabetes and hypertension; asthma; and sleep apnea. The documentation indicates Percocet was prescribed as far back as February 15, 2010. There is no evidence of objective functional improvement nor is there evidence of a clinical rationale for the ongoing use of oxycodone. Consequently, absent clinical indication to support the ongoing use of oxycodone with evidence of objective functional improvement, oxycodone/APAP 10/325 mg #180 is not medically necessary.

Lyrica 75 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, AED.

Decision rationale: Pursuant to the Chronic Pain Treatment Guidelines and the Official Disability Guidelines, Lyrica 75 mg #30 is not medically necessary. Lyrica is recommended in neuropathic pain conditions and fibromyalgia, but not for acute pain. It is an anticonvulsant and has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia. In this case, the injured worker's diagnoses are status posttraumatic herniated disc C-5 - C6 and C6 - C7; status post anterior cervical discectomy and fusion C-5 - C6 and C6 - C7; spinal pain; cervical incomplete myelopathy; spastic bladder with partial urinary; spastic colon with fecal incontinence inhibited spasticity; depression related to chronic pain with suicidal ideation intermittently; diabetes and hypertension; asthma; and sleep apnea. The documentation indicates Lyrica was started on or about August 2014. It was given for leg cramps along with baclofen with relief of cramping. In a progress note dated September 15, 2014 Lyrica was decreased from 75 mg nightly to 25 mg. The 75 mg nightly dose the injured worker experienced fatigue and extreme sleepiness. Consequently, although Lyrica is indicated for the neuropathic symptoms in his upper and lower extremities, Lyrica 75 mg is not clinically indicated. Consequently, Lyrica 75mg #30 is not medically necessary.