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| Case Number: | CM14-0208428 | | |
| Date Assigned: | 12/22/2014 | Date of Injury: | 01/20/1994 |
| 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 60-year-old man with a date of injury of January 20, 1994. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are postlaminectomy syndrome lumbar region; lumbar radiculopathy, bilateral; and back pain, lumbar. Pursuant to the pain management follow-up note dated December 4, 2014, the IW complains of right leg pain, thoracic spine pain, bilateral hip pain, and bilateral low back pain. He reports his medication regimen is helpful in increasing his activities of daily living. The documentation dated December 4, 2014 does not contain a musculoskeletal examination, or examination of the lumbar spine. There was no documentation regarding spasms. Review of systems was normal. The current medications include Morphine 20mg/ml for intrathecal pump, Norco 10/325mg, Lyrica 150mg, Dexilant 30mg, Baclofen 10mg, Lidoderm 5% patch, and Lidocream 4%. The IW has been taking Vicodin as far back as April 25, 1997, according to a QME dated November 20, 1998. There is no evidence of objective functional improvement associated with the ongoing use of narcotics. The provider is recommending the continuation of medications, physical therapy and follow-up in one month. The current request is for Norco 10/325mg #180, Baclofen 10mg #90 with 2 refills, and Dexilant 30mg #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Qty 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

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, Norco 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, increased level of 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 date of injury is January 20, 1994. The injured worker's working diagnoses are post laminectomy syndrome lumbar region; lumbar radiculopathy bilateral; and back pain, lumbar. The medical record documents the injured worker was taking Vicodin as far back as April 25, 1997. Presently, as of December 4, 2014, the injured worker is taking Norco. The medical record does not contain documentation of objective functional improvement or efficacy as it relates to ongoing Norco use. The physical examination, in the December 4, 2014 progress note, contains three lines with no neurologic, musculoskeletal or other objective clinical findings. The injured worker is also receiving morphine through a morphine pain pump. There is no clinical rationale to support multiple opiates concurrently. Consequently, absent the appropriate clinical documentation to support ongoing use of Norco 10/325 and documentation evidencing Norco's efficacy and objective functional improvement, Norco 10/325 mg #180 is not medically necessary.

Baclofen 10mg Qty 90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. 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 #90 with two refills is not medically necessary. Muscle relaxants are a second line option for 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 working diagnoses are post laminectomy syndrome lumbar region; lumbar radiculopathy bilateral; and back pain, lumbar. Baclofen appears in documentation dated November 12, 2014. Baclofen is indicated for short-term (less than two weeks) treatment of acute low back pain or an acute exacerbation of chronic low back pain. The documentation pursuant to December 4, 2014 progress note does not contain the lumbar/ back examination or

musculoskeletal evaluation. There is no spasm noted in the medical record. Additionally, baclofen is indicated for short-term (less than two weeks) treatment. There is no clinical indication or rationale for a #90 quantity with two refills. There is no documentation evidencing baclofen's efficacy or objective functional improvement. Consequently, absent the appropriate clinical documentation to support the ongoing use of baclofen with evidence of objective functional improvement, Baclofen 10 mg #90 with two refills is not medically necessary.

Dexilant 30mg Qty 30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAID and GI Effects.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Dexilant 30 mg #30 with two refills is not medically necessary. Dexilant is a proton pump inhibitor. Proton pump inhibitors are indicated in patients taking nonsteroidal anti-inflammatory drugs that are at risk for certain gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or steroids; and high-dose /multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are post laminectomy syndrome lumbar region; lumbar radiculopathy bilateral; and back pain, lumbar. The documentation does not contain any comorbid conditions or past medical history compatible with peptic ulcer, G.I. bleeding, current use of aspirin etc. The documentation does not contain any supporting evidence for the use of a proton pump inhibitor. Consequently, absent the appropriate risk factors and comorbid conditions, Dexilant 30 mg #30 with two refills is not medically necessary.