

Case Number:	CM14-0208884		
Date Assigned:	12/22/2014	Date of Injury:	01/02/2007
Decision Date:	02/18/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/14/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Internal Medicine

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 an injured worker with a history of lumbosacral and lower extremity conditions. Date of injury was 01/02/2007. The agreed medical evaluation report dated July 16, 2014 documented a history of musculoligamentous strain lumbosacral spine, L5-S1 disc protrusion, with complaints of radiating pain down the left lower extremity, status post L5-S1 decompression and fusion 12/14/09, sprain left knee, lateral meniscus tear left knee, chondromalacia left patella, loose body left knee, status post arthroscopic surgery and lateral meniscectomy and removal of loose body and chondroplasty 6/5/08. The patient has a history of closed right ankle fracture that is healed, chronic pain syndrome, status post spinal cord stimulator and removal of permanent spinal cord stimulator. Psychiatric diagnoses included depressive disorder. The primary treating physician's progress report dated 07/17/2014 documented that the patient complains of pain in the lower back, right knee, right lower leg, and right ankle. Objective findings were documented. Lumbar spine tenderness and spasm were noted. Right Knee and leg tenderness were noted. Diagnoses included failed low back syndrome, status post fall, lumbosacral region contusion, right leg contusion, status post fall due to left knee giving way, status post left knee surgery dated 06/05/2008, and right ankle avulsion fracture in the lateral malleolus. Treatment plan included knee support, molded medial arch support, Lidoderm patch, FluriFlex, and Baclofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxy IR 15mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 47-48, 308-310, 346-347, 376-377, Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for back, knee, ankle, and foot conditions. The request for authorization (RFA) was dated November 4, 2014. The corresponding 11/4/14 progress report was not present in the submitted medical records. Without the recent progress report documenting recent clinical examination and evaluation, the request for Oxycodone, which is a schedule II controlled substance, is not supported by MTUS guidelines. Therefore, the request for Oxy IR 15mg #120 is not medically necessary.

Baclofen 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation FDA Prescribing Information Baclofen <http://www.drugs.com/pro/baclofen.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines (Page 63-66) addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term

treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. FDA Prescribing Information states that Baclofen is indicated for spasticity resulting from multiple sclerosis. Baclofen may also be of some value in patients with spinal cord injuries and other spinal cord diseases. Baclofen is not indicated in the treatment of skeletal muscle spasm resulting from rheumatic disorders. The efficacy of Baclofen in stroke, cerebral palsy, and Parkinson's disease has not been established and, therefore, it is not recommended for these conditions. Medical records document that the patient has chronic occupational injuries and has been prescribed muscle relaxants long-term. MTUS guidelines do not support the long-term use of muscle relaxants. Medical records do not document multiple sclerosis or spinal cord injury. MTUS and FDA guidelines recommend Baclofen only for multiple sclerosis or spinal cord diseases. The request for authorization (RFA) was dated November 4, 2014. The corresponding 11/4/14 progress report was not present in the submitted medical records. Without the recent progress report documenting recent clinical examination and evaluation, the request for Baclofen is not supported by MTUS guidelines. Therefore, the request for Baclofen 20mg #120 is not medically necessary.

Nortriptyline 25mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicates that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. The request for authorization (RFA) was dated November 4, 2014. The corresponding 11/4/14 progress report was not present in the submitted medical records. Without the recent progress report documenting recent clinical examination and evaluation, the request for Nortriptyline is not supported by MTUS guidelines. Therefore, the request for Nortriptyline 25mg #60 is not medically necessary.

MS Contin 60 mg. #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 47-48, 308-310, 346-347, 376-377, Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for back, knee, ankle, and foot conditions. The request for authorization (RFA) was dated November 4, 2014. The corresponding 11/4/14 progress report was not present in the submitted medical records. Without the recent progress report documenting recent clinical examination and evaluation, the request for MS Contin, which is a schedule II controlled substance, is not supported by MTUS guidelines. Therefore, the request for MS Contin 60 mg. #90 is not medically necessary.