

Case Number:	CM15-0008390		
Date Assigned:	03/09/2015	Date of Injury:	07/08/1993
Decision Date:	05/01/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/15/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51-year-old female who reported an injury on 07/08/1993. The mechanism of injury was the injured worker was bent over reaching and lifted a box and her back was injured. The injured worker underwent conservative treatment and had a lumbar fusion in 1999 and one in 2011. The date of injury was noted to be 07/08/1993. The injured worker was utilizing opioids since at least 07/2014. The documentation of 01/09/2015 revealed the injured worker had chronic low back pain. The injured worker continued to have low back pain with radiation to the bilateral lower extremities, right greater than left. The injured worker had some numbness and tingling and weakness in her legs. The injured worker indicated she utilized Avinza, which brought her baseline pain level from 9/10 to 1/10, down to a 6/10 to 7/10. The reduction in pain allowed her to carry out her activities of daily living, including bathing and dressing. Without medications, the injured worker noted she would be in bed. The injured worker was utilizing gabapentin for neuropathic pain and to help her with sleep, and was utilizing baclofen for spasms. The treatment plan included medication management. The CURES report was noted to be consistent. The injured worker did not demonstrate aberrant drug behavior and the urine drug screens were appropriate. The treatment plan included a refill of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four Avinza 60mg capsule #30, 1 daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and an objective decrease in pain, and there should be documentation the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was utilizing the medication and had an objective decrease in pain as well as objective improvement in function. There was documentation the injured worker was being monitored for aberrant drug behavior and side effects. This medication would be appropriate. However, the request as submitted was for Four Avinza 60 mg capsule # 30 1 daily. There was a lack of clarification indicating whether this was 4 refills of the Avinza 60 mg capsules. Given the above, the request Four Avinza 60 mg capsule #30, 1 daily is not medically necessary.

Baclofen 10mg tablet #90, 1 every 8 hours as needed: 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): 63.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time and there is a lack of documentation of objective improvement. Therefore, continued use of this medication would not be supported. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant non-adherence to guideline recommendations. There was a lack of documentation of efficacy for the requested medication. Given the above, the request for baclofen 10 mg #90 one every 8 hours as needed is not medically necessary.

Gabapentin 600mg tablet #60 (ms) 1 in AM 1 in PM and 2 at bedtime #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Antiepileptic Drugs Page(s): 16.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend antiepilepsy medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30 % - 50% and objective functional improvement. The clinical documentation submitted for review indicated the injured worker had objective functional improvement with medications. However, there was a lack of documentation of an objective decrease in the neuropathic pain of at least 30% to 50% with this medication. The efficacy was not provided. Given the above, the request for Gabapentin 600mg tablet #60 (ms) 1 in AM 1 in PM and 2 at bedtime #120 is not medically necessary.