

Case Number:	CM15-0009481		
Date Assigned:	01/27/2015	Date of Injury:	11/01/2005
Decision Date:	03/23/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/16/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 43 year old male sustained a work related injury on 11/01/2005. As of a progress report dated 12/04/2014, the injured worker reported stabbing pain in his back that continued to shoot down his left leg. He used a cane for ambulation. Pain was rated 8 on a scale of 1-10, at best a 4 with medications. He reported a 50 percent reduction in his pain and 50 percent functional improvement with activities of daily living with the medications versus not taking them at all. He remained on Social Security Disability and was not working. Diagnoses included status post multiple back surgeries, including microdiscectomy and foraminotomy with removal of implants and exploration of arthrodesis. He had a total of two laminectomies from L4-S1, considered a failed laminectomy syndrome with ongoing left radicular symptoms. A postoperative MRI a few years ago revealed postoperative changes only and no acute findings. Reactive depression was stable with Zoloft. Chronic back spasms were stable with as needed Baclofen use. Constipation from narcotic use was stable with stool softeners. Dyspepsia from medications was stable with Prevacid. Insomnia due to pain was stable with Lunesta. Nonindustrial medical problems included recent exploratory laparotomy, ilial repair, intramedullary rodding left femur due to fracture and multiple rib fractures due to a motor vehicle accident. The injured worker was under a narcotic pain contract and urine drug screens were appropriate. On 12/19/2014, Utilization Review non-certified Norco 10/325mg #160, Zoloft 100mg #60 and Baclofen 20mg #90. According to the Utilization Review physician, in regards to Norco, there was insufficient documentation to show an improvement in specific activities of daily living. CA MTUS Chronic Pain Treatment Guidelines were cited. In regards to Zoloft, there was insufficient documentation

and diagnosis to support the treatment of major depression. The Official Disability Guidelines were cited. In regard to Baclofen, the documentation did not support an acute exacerbation of chronic low back pain or spinal cord injury. CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #160: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per progress report dated 12/4/14, it was documented that the injured worker's pain was reduced from 10/10 to 4/10 with the use of his medications. He reported 50% functional improvement with activities of daily living with the medications versus not taking them at all. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. It was documented that urine drug screens had been appropriate on an ongoing basis. I respectfully disagree with the UR physician's assertion that the documentation did not contain this evidence. The request is medically necessary.

Zoloft 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness & Stress

Decision rationale: Per the ODG guidelines with regard to Sertraline (Zoloft): Recommended as a first-line treatment option for MDD and PTSD. The documentation submitted for review indicates that the injured worker is experiencing reactive depression. Zoloft is recommended for major depression. The documentation does not support the diagnosis of major depression. The request is not medically necessary.

Baclofen 20mg #90: 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): 63-64.

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG 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. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) 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." Regarding Baclofen: "It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries." As the documentation provided for review does not indicate that the injured worker has multiple sclerosis or spinal cord injury, which are the conditions for which Baclofen is recommended, the request is not medically necessary.