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| Case Number: | CM15-0161013 | | |
| Date Assigned: | 08/27/2015 | Date of Injury: | 07/29/2011 |
| Decision Date: | 10/09/2015 | UR Denial Date: | 07/24/2015 |
| Priority: | Standard | Application Received: | 08/17/2015 |

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 63-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 29, 2011. In a Utilization Review report dated July 24, 2015, the claims administrator failed to approve a request for Percocet and baclofen. The claims administrator referenced an April 17, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On said April 17, 2015 progress note, the applicant reported chronic, severe, disabling low back pain. The applicant exhibited visibly antalgic gait. The applicant was using a cane to move about. Percocet and baclofen were endorsed, seemingly without any discussion of medication efficacy. The applicant's permanent work restrictions were renewed. The treating provider suggested that the applicant was not, in fact, working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: No, the request for Percocet, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant remained off of work, the treating provider acknowledged on the April 17, 2015 progress note at issue. The applicant's pain complaints were described as severe and disabling. The applicant was having difficulty moving about and was apparently using a cane on a day-to-day basis. The attending provider failed to identify quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Percocet usage. Therefore, the request was not medically necessary.

Baclofen 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain), Introduction.

Decision rationale: Similarly, the request for baclofen, an antispasmodic medication, was likewise not medically necessary, medically appropriate, or indicated here. While 64 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that baclofen is recommended orally for the treatment of spasticity associated with multiple exposures and/or spinal cord injury but can be employed off label for neuropathic pain, as was seemingly present here in the form of the applicant's ongoing issues with lumbar radiculopathy, this recommendation is however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant remained off of work, it was acknowledged on April 17, 2015. Severe, disabling pain complaints were reported. The applicant was having difficulty walking and was using a cane to move about. Permanent work restrictions were renewed, seemingly unchanged from previous visits. The applicant was not working with said limitations in place, the treating provider suggested. Ongoing usage of baclofen failed to curtail the applicant's dependence on opioid agents such as Percocet. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.