

Case Number:	CM15-0167204		
Date Assigned:	09/04/2015	Date of Injury:	11/04/2009
Decision Date:	10/26/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/25/2015

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: New York

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 injured worker is a 51 year old male, who sustained an industrial injury on November 4, 2009, incurring neck, head, right shoulder, right hip and low back injuries after a motor vehicle accident. He was diagnosed with a mild traumatic brain injury, whiplash syndrome of the cervical spine, right shoulder rotator cuff tear, left shoulder sprain, discogenic lumbar spine, left rib fractures and post-traumatic osteoarthritis of the right hip. Treatment included pain medications, muscle relaxants, anti-inflammatory drugs, and topical analgesic patches, physical therapy and home exercise program, surgical interventions and psychotherapy. Currently, the injured worker complained of persistent chronic pain to his low back, hip, and shoulder. He noted limited range of motion interfering with his activities of daily living. The treatment plan that was requested for authorization included prescriptions for Baclofen, Meloxicam, Ultram and 1 help program evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10 mg #90: 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): Muscle relaxants (for pain).

Decision rationale: Per MTUS guidelines, muscle relaxants are recommended for use with caution as a second-line option for only short-term treatment of acute exacerbations in patients with chronic low back pain. The greatest effect appears to be in the first 4 days of treatment and appears to diminish over time. Documentation indicates the injured worker complains of persistent chronic low back, hip, and shoulder pain. Documentation at the time of the requested service under review fails to show objective findings of muscle spasm. Furthermore, physician report fails to indicate acute exacerbation or significant improvement in the injured worker's pain or functional status to justify continued use of Baclofen. The request for Baclofen 10 mg #90 is not medically necessary.

Meloxicam 5 mg #30: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Per MTUS, Non-steroidal anti-inflammatory drugs (NSAIDS) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. NSAIDS are recommended as a second-line treatment after acetaminophen for the treatment of acute exacerbations of chronic low back pain. The injured worker's symptoms are chronic and ongoing, without evidence of acute exacerbation or significant improvement in pain or function on current medication regimen. With MTUS guidelines not being met, the request for ongoing use of Meloxicam 5 mg #30 is not medically necessary.

Ultram 50 mg #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 for chronic pain.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Ultram (Tramadol) is a centrally acting analgesic reported to be effective in managing neuropathic pain. Per MTUS guidelines, there are

no long-term studies to allow use of Tramadol for longer than three months. The injured worker complains of persistent chronic low back, hip, and shoulder pain. Documentation fails to demonstrate significant improvement in pain or function, to justify the ongoing use of Ultram. With MTUS guidelines not being met, the request for Ultram 50 mg #120 is not medically necessary.

1 help program evaluation: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Detoxification.

Decision rationale: MTUS does not address this request. ODG recommends detoxification when there is evidence of substance misuse or abuse, evidence that medication is not efficacious, or evidence of excessive complications related to use. Detoxification is defined as a medical intervention that manages a patient through withdrawal syndromes. Per guidelines, the process of detoxification includes evaluation, stabilization, and preparation of the patient for further treatment that should be specifically tailored to each patient's diagnostic needs. There are no specific guidelines that have been developed for detoxification for patients with chronic pain. While the main indication as related to substance-related disorders is evidence of aberrant drug behaviors, other indications for detoxification have been suggested, including intolerable side effects, lack of response to current pain medication treatment (particularly when there is evidence of increasingly escalating doses of substances known for dependence), evidence of hyperalgesia, lack of functional improvement, and/or refractory comorbid psychiatric illness. The injured worker complains of persistent chronic low back, hip, and shoulder pain. Documentation fails to demonstrate significant improvement in pain or function on current medication regimen. Physician report further indicates prior discussion of options for reducing medication dependence and unsuccessful trial of gradual dose reduction. Given the lack of response to current pain medication treatment, lack of functional improvement, and the current request for ongoing use of Opioid drugs not having been approved, the recommendation for interdisciplinary evaluation for further treatment planning is reasonable. The request for 1 help program evaluation is medically necessary.