

Case Number:	CM15-0201964		
Date Assigned:	10/16/2015	Date of Injury:	02/23/2008
Decision Date:	12/28/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/14/2015

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
Certification(s)/Specialty: Family Practice

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 63 year old male who sustained an industrial injury on 2-23-08. A review of the medical records indicates he is undergoing treatment for severe spinal stenosis with right leg foot drop, status post right knee arthroplasty, status post right carpal tunnel release, right shoulder internal derangement, obesity, insulin dependent diabetes, Hepatitis C, history of acute renal failure, and a history of transient atrial fibrillation with rapid ventricular response, lumbar decompression, lumbar disc disease with myelopathy, status post prior lumbar decompression, cervical myelopathy with gross intrinsic hand atrophy, lumbar stenosis severe at L3-4, L4-5, and L5-S1, and lumbar radiculopathy. Medical records (9-16-15) indicate complaints of lower back pain that radiates to the posterior aspect of both legs. He rates the pain "6 out of 10." He reports numbness, weakness, and tingling of the legs. The treating provider indicates that the injured worker has foot drop in his right foot and "now is developing a drop foot in his left foot." The physical exam (9-16-15) reveals limited range of motion of the cervical spine with diminished motor strength. The lumbar spine exam shows palpable muscle spasms "next to the spinous process" with the injured worker "relaxed lying prone." Flexion and extension of the lumbar spine are limited due to pain in the lumbosacral region. Motor strength is noted to be limited in the lower extremities. Diminished sensation to light touch is noted on the right "over the lateral calf and dorsum of the foot." The straight leg test is negative "above 50 degrees." The 9-29-15 physical exam indicates that the straight leg raise exam is "positive bilaterally, right greater than left with moderate right leg weakness." Diagnostic studies have included an MRI of the lumbar spine on 4-15-15. Past history reveals that MRIs have also been completed of the cervical spine,

right knee, and bilateral shoulders, as well as an EMG-NCV of bilateral upper extremities. Treatment has included physical therapy and medications. His medications include Metformin, Lisinopril, Atorvastatin, Oxycodone, OxyContin, Baclofen, and Gabapentin. He has been receiving Oxycodone since at least 2006, MS Contin since at least 2007, Baclofen since at least 2010, OxyContin since at least 2011, and Gabapentin since at least 2013. The injured worker is not working. The utilization review (10-12-15) reveals requests for authorization that include Baclofen 10mg #60 with 2 refills, Gabapentin 300mg #90 with 2 refills, MS Contin 15mg #60 with 2 refills, and Oxycontin 15mg #120 with 2 refills. Gabapentin, MS Contin, and Oxycontin were modified to have no refills. Baclofen was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #60 with 2 refills: 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: This injured worker receives treatment for chronic pain involving the lower back with radiation to the lower extremities. Additional medical problems include R foot drop, spinal stenosis, failed back syndrome, opioid dependency, internal derangement of the R shoulder, and s/p two low back operations. These relate back to an industrial injury claim dated 02/23/2008. The patient rates the current pain level at 6 out of 10 and has complaints of numbness and tingling in the legs. On exam there is limited ROM of the neck and palpation of the lower back reveals paralumbar muscle spasms. There is limited ROM of the lower back. Straight leg raising is "negative above 50 degrees." Motor strength is "limited in the lower extremities." There is reduced light touch over the right calf and foot. The patient takes multiple medications including Oxycodone since 2006, MS Contin since 2007, Baclofen since 2010, Oxycontin since 2011, and Gabapentin since 2013. The patient is not working. This review addresses a request for Baclofen 10mg #60 with 2 refills. Baclofen is a muscle relaxer, which may be medically indicated for the short-term management of acute muscle spasm as a second-line agent. Using Baclofen over the long-term (more than 2-3 weeks) is not recommended. Side effects include sedation and medication dependence. There is no documentation that there is now a recent exacerbation of the back pain. There is no documentation of a quantitative improvement of function with this medication. Baclofen is not medically necessary.

Gabapentin 300mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: This injured worker receives treatment for chronic pain involving the lower back with radiation to the lower extremities. Additional medical problems include R foot drop, spinal stenosis, failed back syndrome, opioid dependency, internal derangement of the R shoulder, and s/p two low back operations. These relate back to an industrial injury claim dated 02/23/2008. The patient rates the current pain level at 6 out of 10 and has complaints of numbness and tingling in the legs. On exam there is limited ROM of the neck and palpation of the lower back reveals paralumbar muscle spasms. There is limited ROM of the lower back. Straight leg raising is "negative above 50 degrees." Motor strength is "limited in the lower extremities." There is reduced light touch over the right calf and foot. The patient takes multiple medications including Oxycodone since 2006, MS Contin since 2007, Baclofen since 2010, Oxycontin since 2011, and Gabapentin since 2013. The patient is not working. This review addresses a request for Gabapentin 300 mg #90 with 2 refills. Gabapentin is an antiepilepsy drug, an AED. AEDs are recommended to treat patients with nerve damage pain, which is called neuropathic pain. Neuropathic pain has many causes and may present with different patterns of symptoms and physical findings. Because of these complexities, experts disagree on how to properly manage cases of neuropathic pain. Clinical trials give the clearest guidance for patients with painful diabetic neuropathy and postherpetic neuralgia. These are the two diagnoses that seem to benefit the most from treatment with AEDs. There are few well designed prospective clinical trials that address using AEDs to treat central pain and none for painful radiculopathy. Since this patient does not have these two forms of neuropathic pain. In addition there is no documentation that taking Gabapentin has created a measurable return to function. Gabapentin is not medically necessary.

MS Contin 15mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2015.

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

Decision rationale: This injured worker receives treatment for chronic pain involving the lower back with radiation to the lower extremities. Additional medical problems include R foot drop, spinal stenosis, failed back syndrome, opioid dependency, internal derangement of the R shoulder, and s/p two low back operations. These relate back to an industrial injury claim dated 02/23/2008. The patient rates the current pain level at 6 out of 10 and has complaints of numbness and tingling in the legs. On exam there is limited ROM of the neck and palpation of the lower back reveals paralumbar muscle spasms. There is limited ROM of the lower back. Straight leg raising is "negative above 50 degrees." Motor strength is "limited in the lower extremities." There is reduced light touch over the right calf and foot. The patient takes multiple medications including Oxycodone since 2006, MS Contin since 2007, Baclofen since 2010, Oxycontin since 2011, and Gabapentin since 2013. The patient is not working. This review addresses a request for MS Contin 15 mg #60 with 2 refills. MS Contin is a slow release form of morphine sulfate, an opioid. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because

clinical studies fail to show either adequate pain control or a return to function when treatment relies on opioid therapy. The documentation fails to document any quantitative assessment of return to function while taking this medication, which is an important clinical measure of drug effectiveness. Based on the documentation treatment with MS Contin is not medically necessary.

Oxycontin 15mg #120 with 2 refills: 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: This injured worker receives treatment for chronic pain involving the lower back with radiation to the lower extremities. Additional medical problems include R foot drop, spinal stenosis, failed back syndrome, opioid dependency, internal derangement of the R shoulder, and s/p two low back operations. These relate back to an industrial injury claim dated 02/23/2008. The patient rates the current pain level at 6 out of 10 and has complaints of numbness and tingling in the legs. On exam there is limited ROM of the neck and palpation of the lower back reveals paralumbar muscle spasms. There is limited ROM of the lower back. Straight leg raising is "negative above 50 degrees." Motor strength is "limited in the lower extremities. There is reduced light touch over the right calf and foot. The patient takes multiple medications including Oxycodone since 2006, MS Contin since 2007, Baclofen since 2010, Oxycontin since 2011, and Gabapentin since 2013. The patient is not working. This review addresses a request for Oxycontin 15 mg #120 with 2 refills. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document any quantitative assessment of return to function while taking this medication, which is an important clinical measure of drug effectiveness. Based on the documentation treatment with Oxycontin is not medically necessary.