MAXIMUS Federal Services

Case Number:	CM15-0202751		
Date Assigned:	10/19/2015	Date of Injury:	07/08/1993
Decision Date:	11/30/2015	UR Denial Date:	10/08/2015
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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 51 year old female, who sustained an industrial injury on 07-08-1993. She has reported injury to the low back. The diagnoses have included chronic low back pain; and lumbar-lumbosacral disc degeneration. Treatments have included medications, diagnostics, lumbar epidural steroid injections, spinal cord stimulator trial, home exercise program, and surgical intervention. Medications have included Endocet, Gabapentin, Avinza, Baclofen, Trazodone, and Prevacid. Surgical intervention has included lumbar fusion in 1999 and lumbar fusion in 2001. A progress report from the treating provider, dated 08-07-2015, documented an evaluation with the injured worker. The injured worker reported that she continues to have chronic low back pain with radiation into the bilateral lower extremities, right greater than left; her pain increases with prolonged sitting or standing, and improves with position changes and medication; she does continue with a home exercise program, which she feels helps to strengthen her core and prevent her pain from worsening; her most recent epidural steroid injection provided a 40-50% decrease in her radicular symptoms for 6-8 months; she continues with Avinza once daily for her baseline pain level, and Endocet as needed for breakthrough pain when she is more active; she is able to function much better with the help of the medication; they do provide approximately 40% decrease in her pain, which allows her to be more active; she also uses Baclofen as needed for muscle spasms, which does help relax her muscles and allows her to sleep more comfortably; and she also continues with Gabapentin for neuropathic symptoms in her lower extremities. Objective findings included she is alert and oriented; she does not exhibit acute distress; right lower extremity thigh flexion, lower leg flexion, and lower leg extension are

rated at 4 out of 5; and there is spasm and guarding in the lumbar spine. The treatment plan has included the request for Avinza 60 mg #30; Baclofen 10 mg #90; and Endocet 10-325 mg #180. The original utilization review, dated 10-08-2015, non-certified the request for Avinza 60 mg #30; Baclofen 10 mg #90; and Endocet 10-325 mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Avinza 60 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): Opioids for chronic pain, Opioids, dosing, Opioids, criteria for use, Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Avinza (morphine sulfate).

Decision rationale: The claimant has a remote history of a work injury in July 1993 and underwent lumbar spine fusion surgery in 1999 and 2001. She continues to be treated for chronic low back pain. A spinal cord stimulator trial was done in April 2015 and implantation is being deferred. Prior treatments have included epidural steroid injections and medications including OxyContin at a MED (morphine equivalent dose) of 480- mg per day. When seen, she was having radiating low back pain. Medications were decreasing pain by 40% with improved activities of daily living. Physical examination findings included decreased lower extremity strength. There was lumbar guarding with spasms. Avinza, baclofen, Endocet, gabapentin, Prevacid, and Trazodone were prescribed. The total average MED (morphine equivalent dose) was 180 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is 1.5 times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level, and weaning of the currently prescribed medications is not being actively done. Ongoing prescribing of Avinza this dose is not considered medically necessary. Additionally, Avinza (morphine sulfate) is recommended for a trial only after failure of generic extended-release morphine which is not documented. The request is not medically necessary for this reason as well.

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: The claimant has a remote history of a work injury in July 1993 and underwent lumbar spine fusion surgery in 1999 and 2001. She continues to be treated for

chronic low back pain. A spinal cord stimulator trial was done in April 2015 and implantation is being deferred. Prior treatments have included epidural steroid injections and medications including OxyContin at a MED (morphine equivalent dose) of 480- mg per day. When seen, she was having radiating low back pain. Medications were decreasing pain by 40% with improved activities of daily living. Physical examination findings included decreased lower extremity strength. There was lumbar guarding with spasms. Avinza, baclofen, Endocet, gabapentin, Prevacid, and Trazodone were prescribed. The total average MED (morphine equivalent dose) was 180 mg per day. Baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries and is used off-label in the treatment of trigeminal neuralgia. A non-sedating muscle relaxant is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no identified new injury or acute exacerbation and baclofen has been prescribed on a long-term basis. The claimant does not have spasticity due to an upper motor neuron condition. This medication appears ineffective as she has ongoing muscle spasms. The request is not medically necessary.

Endocet 10/325 MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, criteria for use, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury in July 1993 and underwent lumbar spine fusion surgery in 1999 and 2001. She continues to be treated for chronic low back pain. A spinal cord stimulator trial was done in April 2015 and implantation is being deferred. Prior treatments have included epidural steroid injections and medications including OxyContin at a MED (morphine equivalent dose) of 480- mg per day. When seen, she was having radiating low back pain. Medications were decreasing pain by 40% with improved activities of daily living. Physical examination findings included decreased lower extremity strength. There was lumbar guarding with spasms. Avinza, baclofen, Endocet, gabapentin, Prevacid, and Trazodone were prescribed. The total average MED (morphine equivalent dose) was 180 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is 1.5 times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level, and weaning of the currently prescribed medications is not being actively done. Ongoing prescribing of Endocet at this dose is not medically necessary.