

Case Number:	CM15-0028642		
Date Assigned:	03/25/2015	Date of Injury:	01/16/2006
Decision Date:	05/01/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/17/2015

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: Pennsylvania

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 61 year old male who sustained an industrial spinal cord injury on January 16, 2006. The injured worker was diagnosed with T-10 incomplete paraplegia, lumbar postlaminectomy syndrome, arthropathy of lumbar facet joint, depressive disorder, psychophysiological disorder, opioid dependence, neuropathic and myofascial pain. The injured worker is status post lumbar laminectomy, spinal cord stimulator (SCS) implant in May 2011, and emergent spinal cord stimulator (SCS) explants due to an epidural hematoma with resultant incomplete T10 paraplegia followed by exploration of the site for wound infection and debridement. Recent diagnostic tests include a lumbar spine magnetic resonance imaging (MRI) in July 2014. The injured worker deferred a radiofrequency ablation for lumbar facet joint to a later date. According to the primary treating physician's progress report on January 23, 2015 the injured worker was evaluated for lower back and lower extremity pain, numbness, tingling and swelling. The pain was unchanged. Examination demonstrated lumbar spine tenderness to palpation with spasms. The injured worker is able to stand with forward flexed body posture and limited flexion contracture at the hip was noted. Current medications consist of Lunesta, Lactulose, Paxil, Zanaflex, Methadone, Hydrocodone, Baclofen, Effexor, Remeron, Astivan, DSS (Docusate) and topical analgesics. Treatment plan consists of continued physical therapy with home exercise program, encouraged standing with ambulation and correction of posture and prescribed medication and the recent request for Methadone and Baclofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20 mg #90 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants: Antispasticity Drugs Page(s): 63-64.

Decision rationale: Baclofen is an antispasticity drug used to decrease spasticity in conditions such as spinal cord injuries. It would be appropriate in this case to treat spasticity however there is no documentation that this worker has spasticity. It is not recommended for use as a muscle relaxant for low back pain. Only non-sedating muscle relaxants such as the Skelaxin that he is also on are recommended for low back pain and then only for short-term treatment of acute exacerbations of chronic low back pain. Therefore the request is not medically necessary.

Methadone 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Methadone is recommended as a second line drug for moderate to severe pain in the potential benefit outweighs the risk. It should be given with caution to patients with decreased respiratory reserve such as with asthma, COPD, sleep apnea or obesity. This worker smokes 1/2 to 1 pack per day and is at significant risk for development of COPD. According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. In addition to the concerns for the use of Methadone in particular there is also lack of adequate justification for the continued use and benefit of Methadone as an opioid in general. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. In this case the worker had not returned to work and there was no documentation of any improvement in pain or function. In this case, there is insufficient documentation of the assessment of pain, function and side effects in response to opioid use to substantiate the medical necessity for Methadone. Therefore the request is not medically necessary.

