

Case Number:	CM15-0031955		
Date Assigned:	02/25/2015	Date of Injury:	02/12/2005
Decision Date:	04/06/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/20/2015

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, Indiana, 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 56 year old female who sustained an industrial injury on 02/12/2005. Current diagnoses include right lumbar radiculopathy, right sacroiliac joint disorder, thoracic spondylosis, thoracic spinal stenosis, chronic low back pain, and chronic pain syndrome. Previous treatments included medication management, physical therapy, home exercise program, and right sacroiliac joint injection. Report dated 02/25/2015 noted that the injured worker presented with complaints that included chronic low back pain and pain that radiates down her right thigh. Pain level was rated as 8 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. Utilization review performed on 02/06/2015 non-certified a prescription for Baclofen and MS Contin, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20 mg # 90, two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Baclofen 20 mg #90 with 2 refills is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnosis are right lumbar radiculopathy; right sacroiliac joint disorder; thoracic spondylosis; thoracic spine stenosis; chronic low back pain; and chronic pain syndrome. The documentation shows the injured worker was using baclofen as far back as August 8, 2014. The guidelines recommend baclofen for short-term use (less than two weeks) treatment of acute low back pain or an acute exacerbation in chronic low back pain. Baclofen was prescribed as a refill in the August 8, 2014 progress note (approximately 6 months prior). The exact start date is unclear from the documentation. The treating physician has exceeded the recommended short-term use guidelines for baclofen. Consequently, absent compelling clinical documentation with objective functional improvement to continue Baclofen 20 mg, Baclofen 20 mg #90 with 2 refills is not medically necessary.

MS Contin 30 mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, MS Contin 30 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnosis is right lumbar radiculopathy; right sacroiliac joint disorder; thoracic spondylosis; thoracic spine stenosis; chronic low back pain; and chronic pain syndrome. The documentation shows the treating physician prescribed MS Contin as far back as August 8, 2014. There had been no attempts at weaning MS Contin through the present. There is no documentation with objective functional improvement as it relates to MS Contin. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. Consequently, absent compelling clinical documentation with objective functional improvement to support the ongoing use of MS Contin 30 mg, MS Contin 30 mg has taken 60 is not medically necessary.

