

Case Number:	CM15-0036587		
Date Assigned:	03/05/2015	Date of Injury:	10/01/1997
Decision Date:	05/01/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/26/2015

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, Washington

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 57-year-old male who reported an injury on 10/01/1997. The mechanism of injury was not specifically stated. The current diagnosis is lumbar postlaminectomy syndrome. The injured worker presented on 12/08/2014 for a follow-up evaluation with complaints of significant axial low back pain. It was noted that the injured worker was treated with an intrathecal pain pump as well as oral trazodone, clonazepam and mirtazapine. The injured worker reported severe low back pain rated 7/10 with radiation into the left lower extremity. Upon examination, the pump was located in the right lower quadrant of the abdomen with a red, scaly rash over the lateral aspect and along the scar. There was a mild improvement in erythema over the pump site. Examination of the lumbar spine revealed tenderness to palpation, severe pain with extension, and mild left sacroiliac joint tenderness. There was stiffness upon hip flexion and slightly diminished sensation in the bilateral feet. Recommendations included authorization for a revision/relocation of the pump to the left abdomen and excision of the mesh. A Request for Authorization form was then submitted on 01/20/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47, 54-55.

Decision rationale: California MTUS Guidelines state fentanyl is an opioid analgesic with a potency 80 times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl. In this case, there is a lack of documentation of subjective and objective functional improvement despite the ongoing use of the requested medication for the injured worker's intrathecal pain pump. The injured worker has received fentanyl through the implantable drug delivery system since 07/2014 with little to no improvement. Given the above, the ongoing use would not be supported. As such, the request is not medically necessary.

Baclofen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 54-55.

Decision rationale: California MTUS Guidelines state the recommendation has been made to add both clonidine and bupivacaine in the third stage of treatment. Baclofen has been used to treat intractable spasticity and has resulted in improvement in muscle tone and pain relief. In this case, it is noted that the injured worker has continuously utilized baclofen through the intrathecal pain pump since at least 07/2014. There is no documentation of significant functional improvement as a result of the use of the medication. Given the above, the ongoing use of baclofen would not be supported. As such, the request is not medically necessary.