MAXIMUS Federal Services

Case Number:	CM15-0082679		
Date Assigned:	05/05/2015	Date of Injury:	04/25/2009
Decision Date:	06/09/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/30/2015

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: Physical Medicine & Rehabilitation

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 58 year old male with an industrial injury dated 4/25/2009. The injured worker's diagnoses include spinal stenosis, cervical spondylosis, degenerative thoracic/lumbar intervertebral disc, lumbar pseudoarthrosis L4-5 and L5-S1, status post L3-4 anterior lumbar decompression with interbody fusion and status post anterior posterior lumbar interbody fusion at L2-L3. Treatment consisted of Lumbar Magnetic Resonance Imaging (MRI), X-ray of the lumbar, prescribed medications, trigger point injections, and periodic follow up visits. In a progress note dated 2/17/2015, the injured worker reported severe low back pain radiating laterally to the flanks and into the hips, and upper thigh. The injured worker also reported associated numbness on the left side. Objective findings revealed tenderness to light touch in the lumbo-sacral region and tenderness to palpitation at bilateral sacroiliac (SI) joints. The treating physician prescribed Baclofen 20mg #90 and Oxycodone/APAP 10/325mg #90 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, pages 64-65.

Decision rationale: Baclofen USP is a centrally acting muscle relaxant and anti-spastic that may be useful for alleviating signs and symptoms of spasticity resulting from multiple sclerosis, in patients with spinal cord injuries and other spinal cord diseases. However, Baclofen is not indicated in the treatment of skeletal muscle spasm as in this case. MTUS Guidelines do not recommend long-term use of Baclofen and medical necessity has not been established. Submitted documents have not demonstrated any functional improvement from treatment of Baclofen being prescribed for this chronic injury. The Baclofen 20mg #90 is not medically necessary and appropriate.

Oxycodone/APAP 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

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

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Oxycodone/APAP 10/325mg #90 is not medically necessary and appropriate.