MAXIMUS Federal Services

Case Number:	CM14-0167779		
Date Assigned:	10/15/2014	Date of Injury:	07/31/2001
Decision Date:	11/18/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/11/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the provided documents, this is a male who was injured on 7/31/2001. The disputed requests addressed are Butrans 5g#4, Lyrica 150 mg #60, Baclofen 10 mg #17 and a 3 month gym membership. The 9/9/14 report indicated that the patient was having constant pain in the back radiating to the left side of his back and down his left leg. At times he cannot withstand weight-bearing or put pressure on the left lower extremity due to the pain in his back. He reportedly finds the Lyrica to be helpful for the burning component of the pain in the leg and he has been using Butrans patch, low-dose weekly for pain reduction with occasional Norco 1-2 tabs per day for severe pain flare up. There is a reported 50% reduction in pain and functional improvement with activities of daily living with the medications. Pain rating was 9/10 at time of the report, reportedly 4/10 with the medications and 10/10 without them. He has also used baclofen periodically for back spasms. There is no mention of the actual frequency of use of the baclofen. The patient has been using his parent's pool and requested a gym membership so he can start water therapy. There is mention of participating in a physical therapy group where they do have access to a pool. He completed 6/12 authorized PT visits. The exam showed reduced range of motion of the back, positive straight leg raises, sensory loss to light touch and pinprick left lateral calf and the bottom of the foot. He limps. Muscle spasms were noted in the lumbar region. Deep tendon reflexes 1+ at the ankles and knees, good 5/5 strength. There was full range of motion of the knees on exam with laxity of the anterior drawer sign in the right knee. Hands were examined and showed positive Finkelstein's, Phalen's and Tinel's. The impression was flare up of back pain, history of lumbar sprain/strain with DJD, bilateral knee pain with multiple knee surgeries and severe DJD. History of CMC joint arthritis with carpal tunnel syndrome bilaterally. Impression also notes MRI findings of facet arthrosis in the lower back and carpal tunnel releases bilaterally. The treatment plan documents that the patient has a narcotic contract and

urine drug screens have been appropriate. The patient was not working and was on Social Security disability. There's no mention of surgery other than the carpal tunnel. There is mention of a previous lumbar discogram. Also provided were monthly reports from this provider, a 7/15/14 report mentioned that the patient had fallen due to severe back spasms. Pain that day was 9/10. A 5/20/14 report documented severe pain that day with back spasms. Pain was 9/10. Patient was seen on 3/6/14 by a different pain management provider, pain that day was 8/10. That report noted the patient's medications, which included the current medications being addressed, and also stated the patient had not tried an antidepressant. A 9/4/13 report from the requesting provider documented severe pain in the back, constant burning sensation in the legs, at that time he was using Butrans and Lyrica. Pain was rated 8/10. He was taking Norco and a different muscle relaxant, Robaxin, as well as an anti-inflammatory. None of the reports over the 12 month span document pain levels less than 8, all described pain as severe and that the patient's activities of daily living very limited by the pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 5mcg #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine for chronice pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine; opioids Page(s): 26,79.

Decision rationale: Use of this medication has been chronic, for at least one year. There is no documentation that this opiate narcotic has provided this patient any objective functional benefit or even any subjective reduction in his pain levels. Although the reports indicate that the patient gets 50% reduction in pain with use of the medications this is not corroborated by the other information in the reports. MTUS guidelines specifically don't support continued opiate use when there is no overall improvement in function which is not documented in the reports. Therefore based upon the evidence and the guidelines, Butrans 5mcg #4 is not medically necessary and appropriate.

Lyrica 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic's Page(s): 16-22.

Decision rationale: Again, despite use for over one year, there is no documentation of any objective functional benefit from use of this antiepileptic medication. The patient continues to complain of severe burning pain into the lower extremities. Although MTUS guidelines do

support use of this class of medications and this medication for treatment of neuropathic pain, continued use is not supported without objective functional improvement. Therefore based upon the evidence and the guidelines, Lyrica 150mg #60 is not medically necessary and appropriate.

Baclofen 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen (Lioresal, generic available).

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

Decision rationale: The documents indicate the patient has been using this muscle relaxant for greater than 90 days thus, use is chronic. Despite the chronic use there are continued complaints of spasm and objective findings of spasm. Furthermore, MTUS guidelines only support use of muscle relaxants with caution as a 2nd line option for short-term treatment of acute exacerbations for patients with chronic low back pain. This patient has not had acute exacerbations of chronic low back pain he's had ongoing and severe low back pain that has not responded to his medication regimen. Therefore, based upon the evidence and the guidelines, continued use of Baclofen 10mg #30 is not medically necessary and appropriate.

Three (3) month gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, gym membership

Decision rationale: Neither MTUS chronic pain guidelines nor ACOM guidelines address gym memberships. Guidelines do generally support exercise for treatment of chronic pain. ODG addresses gym memberships and states that it is not recommended unless a home exercise program has not been effective and there is a need for equipment. Further, the program should be supervised. There's no indication that this patient has participated in an independent home exercise program other than utilizing a pool independently. He was completing a course of physical therapy which sounds as though it may have included Aqua therapy at the time that this was recommended. There was no evidence that he was achieving any objective functional benefit from therapy as there is no reduction in the need for medical treatment or medication and no indication that activities of daily living were advanced. Therefore, based upon the evidence and the guidelines, three (3) month gym membership is not medically necessary and appropriate.