

Case Number:	CM14-0173437		
Date Assigned:	10/24/2014	Date of Injury:	05/25/2001
Decision Date:	12/03/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/21/2014

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:

The patient is a 66 year old male who was injured on 5/25/01 while bending down at work. He subsequently required laminectomy and discectomy surgery at L4-5 on 06/19/01. Following the surgery he was diagnosed with chronic pain syndrome and failed back syndrome. He was subsequently seen by pain management and received a number of epidural steroid injections and physical therapy which did not provide any improvement. According to the 8/14/12 orthopedic consult he has 4/10 radicular lumbar pain radiating to left foot which is improved with medications (gabapentin and Norco), TENS unit and heat. He has been seen monthly by pain management for chronic lumbar pain with reported spasms. On 8/14/12 he was provided with trigger point injections which had temporarily reduced pain by 50%. Gabapentin, Norco and Skelaxin are refilled monthly. A 9/7/12 urine drug screen is appropriate for prescribed medications. An MRI on 9/17/12 showed no foraminal stenosis and mild degenerative disc disease. A medial branch nerve block at L3-4 was performed on 11/30/12 with only mild temporary improvement. Referral to neurosurgeon on 6/28/13 there is tenderness to lumbar palpation and severely restricted lumbar range of motion as well as spasm. He is advised to be seen by a neurologist for spasms. An EMG on 10/1/13 shows mild to moderate peripheral neuropathy of both lower extremities. Evaluation on 12/16/13 by neurologist, the patient reports lumbar radiculopathy and spasm. On physical exam he has dorsolumbar pain and tenderness with spasm and abnormal gait. Recommendation is to start clonidine 0.5mg twice daily for muscle spasm and continue with Norco, gabapentin and baclofen. On 3/13/14 follow-up with the neurologist he is started on Butrans patch 10mcg/hour. Sleep study on 5/12/14 indicates obstructive sleep apnea and nocturnal hypoxemia. It is recommended that the patient start oxygen supplement at night. On 8/29/14 the patient reported worsening 4-5/10 chronic lower back pain with radiculopathy. The treating provider notes a 50% reduction in pain with current

treatment plan; Norco is allowing him to do light house work and improved sitting tolerance. On physical exam he has normal gait and lumbar spinal myofascial restrictions. Neurological exam is normal. The provider is also requesting a "multi-disciplinary team evaluation to determine whether or not he would be a good candidate for a multi-disciplinary program such as functional restoration program". Chronic pain medications such as Norco, gabapentin and baclofen are refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary Team Evaluation for Pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 32-35.

Decision rationale: According to the most recent clinic notes provided, the patient has had significant reduction of pain with medications and has had improvement with functional capacity with gabapentin and Norco. MTUS guidelines states that "Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed." According to the review of the clinic notes provided it appears that previous methods have been successful, and there is no mention of significant loss of ability to function independently. Additionally there are other potential treatment options that may result in significant clinical improvement that according to the clinical record have not been attempted. These include home exercise program or referral to acupuncture or pain psychologist. Therefore, the request for Multidisciplinary Team Evaluation for Pain is not medically necessary and appropriate.

Baclofen 20mg: Upheld

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

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

Decision rationale: According to MTUS guidelines, muscle relaxants such as baclofen are supported as a second-line option for the short-term management of acute exacerbation in patients with chronic lower back pain. Consequently continued chronic around the clock usage to treat muscle spasm in this patient with chronic lower back pain is not supported by the MTUS guidelines. Additionally there is limited literature to suggest that long-term use of baclofen provides any substantial benefit. It should be noted that despite long-term use of baclofen the patient continues to have complaints of back spasm indicating that this medication has not been efficacious in treating the reported symptom. Therefore, the Baclofen 20mg is not medically necessary and appropriate.