

Case Number:	CM14-0192197		
Date Assigned:	11/25/2014	Date of Injury:	04/28/2009
Decision Date:	01/12/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/17/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 61-year-old female with a date of injury of 04/28/2009. The listed diagnoses are: 1. Lumbar sprain/strain. 2. Discogenic low back pain. 3. DJD of the lumbar spine. According to progress report 10/20/2014, the patient presents with bilateral wrist pain which occurs as an intermittent pain. She also reports low back pain that is constant, sharp, in character. Without her medication, her pain is 7-8/10 and with medication, her pain is reduced to 4-5/10. The patient states that medication causes sedation. The patient's current medication regimen includes tramadol ER 200 mg and baclofen 10 mg. Her last urine drug screen was appropriate. The patient is currently working full time at 32 hours per week. Physical examination revealed the patient is able to transfer, ambulate with a nonantalgic gait. Her low back range of motion revealed decreased flexion and extension. There is tenderness noted across the myofascial tissue of her lower back. The treating physician recommended that the patient continue with Ultram ER 100 mg and baclofen 10 mg. Utilization review denied the request on 10/31/2014. The medical file provided for review includes progress report from 08/27/2014 and 10/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 100 mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88,89, 78.

Decision rationale: This patient presents with chronic low back and bilateral wrist pain. The current request is for Ultram ER 100 mg #60. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been taking Ultram since at least 08/27/2014. Progress report 08/27/2014 notes that she is unable to perform activities of daily living including home duties without her current medications. It was noted that patient's pain averages 7-8/10 in severity without medications. With medications, her pain goes down to 2-3/10. Her pain is made better with medications and rest. Progress report 10/20/2014 notes that the patient has decrease in pain level from 7-8/10 to a 4-5/10 with current medications. It was noted that urine drug screen was "appropriate." The patient reports some sedation with current medication regimen, but able to continue working full time at 32 hours per week. In this case, recommendation for continuation of Ultram is appropriate as the treating physician has discussed the 4As including analgesia, ADLs, adverse side effects, and possible aberrant behaviors. The treater has provided a urine drug screen, before and after scale to denote decrease in pain and states that the patient is working full time with medications. The requested Ultram ER 100 mg is medically necessary.

Baclofen 10 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with low back pain and bilateral wrist pain. The current request is for baclofen 10 mg #90. For muscle relaxants for pain, the MTUS Guidelines page 63 states, "recommended non-sedating muscle relaxants with caution as second line option for short term treatment of acute exasperations of patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they show no benefit beyond NSAID and pain and overall improvement." In this case, a short course of muscle relaxant for patient's reduction of pain and muscle spasm may be indicated; however, the treater has prescribed this medication since at least 08/27/2014 and MTUS does not recommend baclofen for long term use. The requested baclofen 10 mg is not medically necessary.

