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| Case Number: | CM14-0194977 | | |
| Date Assigned: | 12/02/2014 | Date of Injury: | 09/26/2012 |
| Decision Date: | 01/14/2015 | UR Denial Date: | 10/20/2014 |
| Priority: | Standard | Application Received: | 11/19/2014 |

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 and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 34 year-old male with a date of injury of September 26, 2012. The patient's industrially related diagnoses include lumbar radiculopathy, lumbar spine stenosis, herniated disc syndrome, anxiety disorder, and muscle spasms. The injured worker is status post L4-L5 and L5-S1 fusion on 4/8/2014. The disputed issues are prescriptions for Baclofen 10mg #90, Fentanyl 50mcg #15, and Oxycodone 10mg #120. A utilization review determination on 10/20/2014 had non-certified these requests. The stated rationale for the denial of Baclofen was: "Muscle relaxants are supported for only short-term treatment, and given date of injury in 2012, chronic use would not be supported by guidelines. Documentation does not identify significant functional/vocational benefit with the use of muscle relaxants. Further, CA MTUS indicates Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. That has not been documented." The stated rationale for the denial of Fentanyl and Oxycodone was: "Documentation does not identify measurable analgesic benefit (VAS scores) with the use of opioids and there is no documentation of functional/vocational benefit with ongoing use. UDS (urine drug screen) report was not included for review to confirm medication compliance and screen for aberrant behavior. The provider reports no signs of aberrant behavior, yet per progress note dated 8/11/2014, CURES report was inconsistent. Ongoing use of chronic opioids is not supported in the current clinical setting."

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #90 prescribed on 10/6/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: With regard to the request for Baclofen, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a second line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Baclofen specifically is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Within the medical records available for review, there is documentation of muscle spasms, and physical exam identifies mild tenderness to palpation of the lumbar paraspinal muscles bilateral. However, the current medications that the injured worker is taking include Soma and Flexeril, and there is no discussion regarding the rationale for using multiple muscle relaxers or documentation that the injured worker was instructed to discontinue the other muscle relaxers before starting Baclofen. Furthermore, there is no documentation that the injured worker is being treated for spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. In light of these issues, the currently requested Baclofen 10mg #90 is not medically necessary.

Fentanyl patch 50mcg #15 prescribed on 10/6/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

Decision rationale: With regard to the request for Fentanyl 50mcg, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. Regarding the use of Fentanyl, guidelines state that it should be reserved for use as a second-line opiate. In the progress reports available for review, the requesting provider documented that the injured worker had pain relief and was able to perform ADLs (activities of daily living) with the use of the medications, although specific examples of functional improvement and percent reduction in pain or reduced NRS were not provided. There was also documentation of no adverse side effects. However, there was inadequate documentation of monitoring of aberrant drug-related behavior. There was discussion regarding possible aberrant drug-related behavior, and the provider documented that

the injured worker did not show any aberrant behavior. However, the CURES report on 8/11/2014 and 9/8/2014 was noted to be inconsistent, and the urine drug screen (UDS) on 3/25/2014 was positive for hydrocodone, an opiate that was not prescribed by the requesting provider. The requesting provider did not address these inconsistencies. Furthermore, there was no documentation of failure of first-line opiate therapy. In light of these issues, the request for Fentanyl 50 mcg #15 is not medically necessary.

Oxycodone 10mg #120 prescribed on 10/6/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

Decision rationale: With regard to the request for Oxycodone 10mg, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider documented that the injured worker had pain relief and was able to perform ADLs (activities of daily living) with the use of the medications, although specific examples of functional improvement and percent reduction in pain or reduced NRS were not provided. There was also documentation of no adverse side effects. However, there was inadequate documentation of monitoring of aberrant drug-related behavior. There was discussion regarding possible aberrant drug-related behavior, and the provider documented that the injured worker did not show any aberrant behavior. However, the CURES report on 8/11/2014 and 9/8/2014 was noted to be inconsistent and the urine drug screen (UDS) on 3/25/2014 was positive for hydrocodone, an opiate that was not prescribed by the requesting provider. The requesting provider did not address these inconsistencies. Furthermore, there was no documentation of a signed opioid agreement. In light of these issues, the request for Oxycodone 10mg #120 is not medically necessary.