MAXIMUS Federal Services

Case Number:	CM15-0121253		
Date Assigned:	07/02/2015	Date of Injury:	01/15/2001
Decision Date:	07/30/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/23/2015

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: Connecticut, California, Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 75-year-old male, who sustained an industrial injury on 1/15/2001. He reported low back pain with numbness in his legs. Diagnoses have included history of L5-S1 lumbar fusion surgery with failed back syndrome, history of multilevel lumbar degenerative spondylosis about the level of fusion rule out new onset of disc herniation, rule out lumbar facet syndrome, bilateral lumbar radiculopathy with numbness, tingling and weakness, history of bilateral knee degenerative joint disease and chronic, intractable pain syndrome secondary to back condition. Treatment to date has included lumbar surgery, epidural steroid injection and medication. According to the special exam and initial comprehensive pain management evaluation report dated 5/19/2015, the injured worker complained of persistent low back pain with bilateral leg radiation. He rated his pain as 7-8/10. He used a cane for ambulation. He reported that rest and medication were helpful. He also complained of bilateral knee pain with occasional mild edema. The injured worker had an antalgic gait. Myofascial exam showed moderate tenderness over the L3-L4, L4-5 and L5-S1. There was moderate to severe muscular spasm and guarding with lumbar range of motion. Straight leg raise was positive bilaterally. Authorization was requested for Norco and Baclofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 tablets of Norco 5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably modified the request to facilitate appropriate weaning. Given the lack of clear evidence to support functional improvement on the medication and the chronic risk of continued treatment, the request for Norco is not considered medically necessary.

90 tablets of Baclofen 10mg: Upheld

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

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

Decision rationale: The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. However, in most cases, they seem no more effective than NSAIDs for treatment. There is also no additional benefit shown in combination with NSAIDs. Without clear objective evidence of pain and functional improvement on the medication based on the provided documents and the very chronic nature of the case, the Baclofen cannot be considered medically necessary and appropriate. Weaning is indicated.