

Case Number:	CM15-0128810		
Date Assigned:	07/15/2015	Date of Injury:	07/16/1995
Decision Date:	08/18/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/03/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

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

This injured worker is a 64-year-old female who reported an industrial injury on 7/16/1995. Her diagnoses, and or impression, were noted to include chronic low back sprain/strain/pain; discogenic low back pain; and lumbosacral degenerative joint disease. No current imaging studies were noted. Her treatments were noted to include a " [REDACTED] " evaluation and treatment; trans-cutaneous electrical stimulation unit therapy; medication management with toxicology screenings; and rest from work. The progress notes of 6/3/2015 reported a follow-up visit for continued constant low back pain that radiated down the posterolateral thighs, right > left, that is severe without medications and moderate with; she also reported the inability to tolerate Trazadone due to over sedation, and that the Butrans Patch is helping to control her pain. Objective findings were noted to include moderate distress due to pain; a slow and guarded posture and gait; decreased range-of-motion in her back, and fair range-of-motion and strength in her lower extremities; and moderate tenderness in the bilateral gluteal region. The physician's requests for treatments were noted to include the continuation of, with increase dosages in, Baclofen for muscle spasms, and Butrans Patches for chronic, for her intractable pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #180: 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 (for pain) Page(s): 63-66.

Decision rationale: The patient presents with low back pain that radiated down the posterolateral thighs that is severe without and moderate with medications. The request is for BACLOFEN 10MG #180. The request for authorization is not provided. Physical examination reveals moderate distress due to pain; a slow and guarded posture and gait; decreased range-of-motion in her back, and fair range-of-motion and strength in her lower extremities; and moderate tenderness in the bilateral gluteal region. She also reported the inability to tolerate Trazadone due to over sedation, and that the Butrans Patch is helping to control her pain. Per progress report dated 06/25/15, the patient is working light duty. MTUS Guidelines page 63 states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in 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 NSAIDs and pain and overall improvement. In addition, there is no additional benefit shown in combination with the NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene, and baclofen." Patient has been prescribed Baclofen since at least 10/28/14. Per MTUS, duration of use should be short-term (no more than 2-3 weeks). In this case, requested medication is listed as one with the least published evidence of clinical effectiveness. Additionally, the request for additional Baclofen #180 does not indicate intended short-term use of this medication. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

Butrans 15mcg/hr #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89, 76, 78.

Decision rationale: The patient presents with low back pain that radiated down the posterolateral thighs that is severe without and moderate with medications. The request is for BUTRANS 15MCG/HR #4. The request for authorization is not provided. Physical examination reveals moderate distress due to pain; a slow and guarded posture and gait; decreased range-of-motion in her back, and fair range-of-motion and strength in her lower extremities; and moderate tenderness in the bilateral gluteal region. She also reported the inability to tolerate Trazadone due to over sedation, and that the Butrans Patch is helping to control her pain. Per progress report dated 06/25/15, the patient is working light duty. MTUS Guidelines pages 88 and 89 states, "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 4A's (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. The patient has been prescribed the Butrans patch since at least 03/28/13. MTUS requires appropriate discussion of the 4A's; however, in addressing the 4A's, treater does not discuss how Butrans significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed, specifically showing significant pain reduction with use of Butrans. No validated instrument is used to show functional improvement. There is neither documentation nor discussion regarding adverse effects and aberrant drug behavior. No USD, CURES or opioid contract. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.