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| Case Number: | CM15-0172033 | | |
| Date Assigned: | 09/14/2015 | Date of Injury: | 12/24/1990 |
| Decision Date: | 10/20/2015 | UR Denial Date: | 08/03/2015 |
| Priority: | Standard | Application Received: | 09/01/2015 |

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, Hawaii

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:

The injured worker is a 68 year old female who sustained an industrial injury on 12-24-1990. The injured worker was diagnosed with lumbar degenerative disc disease, lumbar spinal stenosis and lumbago. The injured worker is status post percutaneous discectomy on August 10, 1989 (prior to the DOI) and laminectomy and discectomy on March 12, 1991. According to the treating physician's progress report on July 16, 2015, the injured worker continues to experience lower back stiffness, numbness in the right leg, radicular pain in the right arm and left leg and hip pain. The injured worker rated her pain at 5 out of 10 on the pain scale. Examination demonstrated pain to palpation over the L3-L4, L4-L5-S1 and L5-S1 facet capsules on the left, pain with rotational extension, secondary myofascial pain with triggering, ropey fibrotic banding and spasm and positive Stork test. Straight leg raise, Faber on the right and Gaenslen's on the right were positive. Motor strength for the lower extremity muscle groups was 5 out of 5 and sensation was intact. Deep tendon reflexes of the knees and ankles were 1 plus. Evaluation noted gait within normal limits with exacerbation of pain with testing maneuvers. The provider stated "worsened findings of sacroiliac (SI) joint pathology" in the July 16, 2015 review and the injured worker was administered a bursal injection on the left side. Current medications were listed as Oxycodone 5mg-325mg #120, Cymbalta, Baclofen, Butrans patch and Meloxicam. Prior treatments documented to date have included diagnostic testing, surgery, lumbar epidural steroid injections, bilateral sacroiliac joint injections and medications. The injured worker is Permanent & Stationary (P&S). The provider requested Baclofen 10mg #30, Butrans 20mcg #5 and Meloxicam 7.5mg #30. On 08-03-2015, the Utilization Review denied the request for Butrans

20mcg #5 and Meloxicam 7.5mg #30 and modified the request for Baclofen 10mg #30 to Baclofen 10mg #20 for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The patient presents with lower back stiffness, numbness in the right leg, radicular pain in the right arm and left leg, and hip pain. The current request is for Baclofen 10mg #30. The treating physician states, in a report dated 08/27/15, "Baclofen tablet 10 mg tablet (1 by mouth once a day as needed for pain.)" (14B) The MTUS guidelines state, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations 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 in pain and overall improvement. Also there is no additional benefit shown in combination with 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." In this case, the patient, in an IMR request letter dated 08/31/15 states, "Once a year I request Baclofen to handle the times that my back goes into spasm. I only use Baclofen one or two days depending on spasms. Baclofen as prescribed by [REDACTED] is a tool for short term treatment of acute situations, throughout the year, as the literature suggests." (3A) Cautious, short-term use of this medication is improving the patients ADLs and is consistent with the guidelines. The current request is medically necessary.

Butrans 20mcg #5: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine.

Decision rationale: The patient presents with lower back stiffness, numbness in the right leg, radicular pain in the right arm and left leg, and hip pain. The current request is for Butrans 20mcg #5. The treating physician states, in a report dated 08/27/15, "Butrans 20mcg/hr patch (Apply 1 patch to skin for 7 days.)" (14B) The MTUS guidelines state, "Recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction." In recent years, buprenorphine

has been introduced in most European countries as a trans-dermal formulation ("patch") for the treatment of chronic pain. Proposed advantages in terms of pain control include the following: (1) No analgesic ceiling; (2) A good safety profile (especially in regard to respiratory depression); (3) Decreased abuse potential; (4) Ability to suppress opioid withdrawal; & (5) An apparent anti-hyperalgesic effect (partially due to the effect at the kappa-receptor). In this case, the treating physician, in regard to opiate use, states "The patient has been continuing note substantial benefit of the medications, and she has nociceptive, neuropathic and inflammatory pain. There is no evidence of drug abuse or diversion, no aberrant behavior observed and no ADR'S reported. Medication was reviewed and DDI was checked, she has no side effects, no complications, no aberrant behavior, UDS on January 14, 2015 the most recent was WNL as they all are, she has no signs of illicit drug abuse, diversion, habituation and is on the lowest effective dosing, with about 60% improvement in pain. She is on the lowest effective dosing, she is well below the MED anticipated for his injury, and she has attempted to wean the medications with increased pain, suffering, and decreased functional capacity." (14B) The patient, in an IMR request letter dated 08/31/15 states, "The prescription for the Butrans patch was not used by [REDACTED] for opiate addiction. At the time, three years ago, 8 tablets of Oxy 5-325, was not handling the pain that escalated between one dose and the next. [REDACTED] prescribed the Butrans patch. Prior to Butrans patch, I would have to wait for up to an hour and a half for the pain medication to kick in, before I could get back to sleep. Likewise, during the day, before the patch, I had to lay down between one oxy pill and the next in order to make the pain go away. Using the patch, the big swings of pain between pills are contained, and I could use less Oxy. I have been without the patch for a month. Since the denial of the Butrans patch, I have sleep disturbances, inability to get back to sleep for a long time, an escalation of pain between pills, and require taking more Oxy, in order to handle the increase in pain." (2-3A) The patient is reporting functional improvement with the use of this medication and no abuse has been noted. The current request is medically necessary.

Meloxicam 7.5mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The patient presents with lower back stiffness, numbness in the right leg, radicular pain in the right arm and left leg, and hip pain. The current request is for Meloxicam 7.5mg #30. The treating physician states, in a report dated 08/27/15, "Meloxicam 7.5 mg (1 by mouth once a day.)" (14B) The MTUS guidelines state, "Recommended as an option for short- term symptomatic relief. There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain." The patient, in an IMR request letter dated 08/31/15 states, "I have used anti-inflammatory medication on and off since the initial accident. I am reluctant to use them full time, however, during periods where the pain escalates, the inflammation can cause more pain when a patient has problems of spinal stenosis and bulging discs, so they have a role in Rx." (3A) The patient is using this medication for breakthrough pain. Additionally, the treating physician has noted the patient has nociceptive, neuropathic and inflammatory pain. The current request is medically necessary.