

Case Number:	CM15-0065828		
Date Assigned:	04/13/2015	Date of Injury:	04/16/2013
Decision Date:	05/12/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/07/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 59 year old male sustained an industrial injury to the low back on 4/16/13. Previous treatment included magnetic resonance imaging, home exercise and medications. In a PR-2 dated 1/21/15, the injured worker complained of ongoing chronic pain with radiation to the right lower extremity. Physical exam was remarkable for no changes except increased spasms and decreased range of motion with positive straight leg raise. The injured worker had seen a neurosurgeon who was requesting a repeat magnetic resonance imaging. In a PR-2 dated 2/19/15, the injured worker complained of ongoing low back pain. The injured worker was awaiting approval of magnetic resonance imaging lumbar spine before he could be seen by a neurosurgeon. Physical exam was remarkable for no changes to the lumbar spine. The treatment plan included medication refills (Neurontin, Naproxen Sodium, Tramadol, Baclofen and Oxycodone).

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 65.

Decision rationale: According to MTUS guidelines, a non sedating muscle relaxant is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. Baclofen is usually used for spasm in spinal cord injury and multiple sclerosis. There is no clear evidence of acute exacerbation of spasticity in this case. Continuous use of baclofen may reduce its efficacy and may cause dependence. Therefore, the request for Baclofen 10mg #60 is not medically necessary.

Oxycodone 30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycontin (Oxycodone).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Oxycodone as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post operative pain. It is not recommended for chronic pain of long-term use as prescribed in this case. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 non adherent) 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. There is no clear documentation for the need for continuous use of Oxycodone. There is no documentation for functional improvement with previous use of Oxycodone. There is no documentation of compliance of the patient with his medications. Based on the above, the prescription of Oxycodone 30mg #90 is not medically necessary.

