

Case Number:	CM15-0068649		
Date Assigned:	04/23/2015	Date of Injury:	05/21/2009
Decision Date:	05/20/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/10/2015

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: Texas, New York, California
 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 applicant is a represented 45-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 21, 2009. In a Utilization Review report dated March 12, 2015, the claims administrator failed to approve a request for Vicodin and baclofen. The claims administrator referenced an RFA form received on March 2, 2015 in its determination. The full text of the UR report, it is incidentally noted, did not accompany the IMR application. The applicant's attorney subsequently appealed. On December 18, 2014, the applicant was given an operating diagnosis of failed back syndrome after earlier single level lumbar fusion surgery. The applicant was asked to consider a percutaneous electrical neurostimulator (PENS) device. On March 2, 2015, the applicant reported ongoing complaints of low back pain radiating into the bilateral lower extremities. The applicant was placed off of work, on total temporary disability. No discussion of medication efficacy transpired. The applicant's medication list was not detailed. The applicant was described as not having significantly improved. The applicant's pain complaints were worsened, stated in another section of note. On February 10, 2015, the applicant again reported essentially unchanged low back pain with associated lower extremity paresthesias. Once again, the applicant was placed off of work, on total temporary disability. Medication selection and medication efficacy were not discussed. In January 3, 2015 progress note, the applicant reported persistent complaints of low back pain. The applicant was off of work, on total temporary disability. The applicant had not worked since May 27, 2012, and apparently receiving disability insurance and Workers' Compensation Indemnity benefits. The

applicant was using Mobic, Neurontin, Dilaudid, tizanidine, Ambien, Celexa, topical compound, and Flonase, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin ES tab 7.5-300 #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management; 7) When to Continue Opioids Page(s): 78; 80.

Decision rationale: No, the request for Vicodin, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, however, the attending provider did not clearly state why the applicant was using two separate short-acting opioids, Vicodin and Dilaudid. It is further noted the applicant also failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy, which include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, despite ongoing opioid usage. Progress notes of March 10, 2015 and February 10, 2015 suggested that the applicant's pain complaints were, if anything, worsened despite ongoing medication consumption. All of the foregoing, taken together, failed to make a compelling case for continuation of opioid therapy with Vicodin. Therefore, the request was not medically necessary.

Baclofen tab 20mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen (Lioresal, generic available) Page(s): 64.

Decision rationale: Similarly, the request for baclofen, an antispasmodic medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 64 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that baclofen is recommended orally for the treatment of spasticity such as multiple sclerosis and spinal cord injuries, but can be employed off label for neuropathic pain, as was present here. This recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was off of work. The applicant's pain complaints were heightened from visit to visit.

The applicant's work status was not altered on multiple office visits, referenced above. Ongoing usage of baclofen failed to curtail the applicant's dependence on opioid agents such as Vicodin and Dilaudid. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request was not medically necessary.