

Case Number:	CM15-0075840		
Date Assigned:	04/27/2015	Date of Injury:	11/07/2007
Decision Date:	05/28/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/20/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 52 year old male who sustained an industrial injury on 11/7/07. He has reported initial complaints of back injury after falling off a flatbed while tightening a load. The diagnoses have included lumbar radiculopathy, lumbosacral strain and myalgia. Treatment to date has included medications, activity modifications and conservative measures. The diagnostic testing that was performed included electromyography (EMG) /nerve conduction velocity studies (NCV). The current medications included Norco, OxyContin, Baclofen, Cymbalta and Neurontin. Currently, as per the physician progress note dated 3/20/15, the injured worker complains of low back and lower extremity pain in the feet that interferes with his activities of daily living (ADL). He recently fell on his left knee due to severe pain in the lower extremities. Physical exam revealed that the injured worker was in moderate distress, positive straight leg raise on the right and left, lumbar facet palpation reveals pain bilaterally, gait is antalgic, and lumbar range of motion is decreased and causes pain. There is a small abrasion on the left patella without signs of infection and small effusion was noted. The urine drug test dated 12/4/14 was consistent with medications prescribed. The physician noted that his lumbar epidural steroid injection (ESI) has been denied and that his pain medications provide him with partial pain relief, increased functional capacity and completion of activities of daily living (ADL). The physician requested treatments included Norco 10/325mg quantity 150, OxyContin 15mg quantity 60 and Baclofen 10mg quantity 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9, 63-65; 74; 78-97.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - pain, opioids.

Decision rationale: ODG guidelines support opioids with: 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 nonadherent) drug-related behaviors. The medical records report chronic pain but does not document ongoing opioid risk mitigation tool use in support of chronic therapy congruent with ODG guidelines. As such, chronic opioids are not supported.

Oxycontin 15mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9,63-65;74;78-97.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - pain, opioids.

Decision rationale: ODG guidelines support opioids with: 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 nonadherent) drug-related behaviors. The medical records report chronic pain but does not document ongoing opioid risk mitigation tool use in support of chronic therapy congruent with ODG guidelines. As such, chronic opioids are not supported.

Baclofen 10mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9,63-65;74;78-97.

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

Decision rationale: The medical records provided for review support that there is muscle spasm for which baclofen is supported to treat. MTUS supports that it is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia, non-FDA approved). (ICSI, 2007)