MAXIMUS Federal Services

Case Number:	CM15-0093712		
Date Assigned:	05/20/2015	Date of Injury:	12/01/2008
Decision Date:	06/19/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/14/2015

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, 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 50-year-old male, with a reported date of injury of 12/01/2008. The diagnoses include cervical sprain/strain, cervical radiculitis, thoracic sprain/strain, lumbar sprain/strain, thoracic/lumbosacral neuritis or radiculitis, and panic disorder. Treatments to date have included home exercise program, oral medications, topical pain medication, home exercise program, ice/heat therapy, a transcutaneous electrical nerve stimulation (TENS) unit, an MRI of the cervical spine on 02/13/2015, and an MRI of the lumbar spine on 02/13/2015. The progress report dated 04/09/2015 indicates that the injured worker had a flare-up with a sudden onset of spasm across his low back days prior. The mid-back, low back, buttock, and right leg pain was rated 8 out of 10. The injured worker only gets pain relief with two of the Percocet 5/325mg, and he found that Baclofen 30mg helped to decrease spasm. The objective findings include lumbar flexion at 55 degrees, lumbar extension at 10 degrees, spasm and tenderness across the mid-back, low back, and right buttock, tenderness of both sacroiliac joints, and spasm and tenderness in the left buttock. The treatment plan included increase of the Percocet to 10/325mg #90. The progress report dated 04/30/2015 indicates that the injured worker had neck/upper back pain with radiation to the right upper extremity with numbness and tingling to the right hand; mid back pain; and low back pain with radiation to the bilateral lower extremities and numbness and tingling to the bilateral feet. It was noted that a controlled substance contract was reviewed and signed by the injured worker on 03/18/2014. The CURES report dated 07/16/2014 was compliant with the current pain medication regimen. The treating physician requested Percocet 10/325mg #90 for severe cervical/thoracic/lumbar pain and Baclofen 10mg

#90 for muscle relaxation for cervical/thoracic/lumbar paraspinal muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C. C. R. 9792. 20 - 9792. 26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Percocet, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that this specific medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Percocet is not medically necessary.

Baclofen 10 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C. C. R. 9792. 20 - 9792. 26 MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

Decision rationale: Regarding the request for baclofen, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested baclofen is not medically necessary.