

Case Number:	CM15-0094687		
Date Assigned:	05/20/2015	Date of Injury:	03/19/2003
Decision Date:	06/22/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/15/2015

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: Massachusetts

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 male year old male, who sustained an industrial injury on 3/18/2003. Diagnoses include post lumbar laminectomy syndrome, low back pain, mood disorder and post cervical laminectomy syndrome. Treatment to date has included medications including Ambien, Nuvigil, Wellbutrin, Opana ER, Cymbalta, Dilaudid, Celebrex, Amitiza, Baclofen and Miralax. Per the Primary Treating Physician's Progress Report dated 4/06/2015, the injured worker reported a lower backache. Medications are working well and there is no change in his pain. Physical examination of the lumbar spine revealed paravertebral muscle spasm, tenderness and tight muscle band on both sides. He is wearing a TLSO brace. The plan of care included medications and authorization was requested for Dilaudid 8mg #120, Docusate Sodium 250mg #60, Celebrex 200 mg #30 and Baclofen 10mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 8mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant has a history of a work injury occurring in March 2003 and continues to be treated for low back pain. Diagnoses include post laminectomy syndrome affecting the cervical and lumbar spine. When seen, pain was rated at 5/10 with medications with improved activities of daily living. He was having radiating low back pain into the left leg. Physical examination findings included decreased lower extremity strength and sensation. He had completed pool therapy treatments. Medications being prescribed included Opana and Dilaudid at a total MED (morphine equivalent dose) of over 600 mg per day. Baclofen is being prescribed on a long-term basis. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 5 times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Therefore, ongoing prescribing of Dilaudid at this dose was not medically necessary.

Baclofen 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: The claimant has a history of a work injury occurring in March 2003 and continues to be treated for low back pain. Diagnoses include post laminectomy syndrome affecting the cervical and lumbar spine. When seen, pain was rated at 5/10 with medications with improved activities of daily living. He was having radiating low back pain into the left leg. Physical examination findings included decreased lower extremity strength and sensation. He had completed pool therapy treatments. Medications being prescribed included Opana and Dilaudid at a total MED (morphine equivalent dose) of over 600 mg per day. Baclofen is being prescribed on a long-term basis. Oral baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries and is used off-label in the treatment of trigeminal neuralgia. In this case, the claimant does not upper motor neuron syndrome or any of these diagnoses. There is no identified new injury or acute exacerbation and baclofen has been prescribed on a long-term basis. It is therefore not medically necessary.