

Case Number:	CM15-0098406		
Date Assigned:	05/29/2015	Date of Injury:	09/01/2004
Decision Date:	07/03/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/21/2015

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

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 68-year-old female who sustained an industrial injury on September 1, 2004. She has reported muscle spasms in the mid and low back and has been diagnosed with Spondylosis lumbosacral, lumbar sacral radiculopathy, degenerative disc disease, lumbar, chronic pain syndrome, and SI syndrome. Treatment has included medications, surgery, physical therapy, injection, chiropractic care, and medical imaging. Physical examination noted loss of lumbar lordosis. There was a mild decrease in range of motion. There was mild tenderness to palpation of the lumbar paraspinal muscles. There was decreased strength with hip flexion, bilaterally, knee extension bilaterally. There was decreased sensation along the lateral aspect of the foot, bilateral. The reflex examination noted trace of bilateral ankles and knees. The treatment request included Baclofen and Dilaudid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 5 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain.

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

Decision rationale: The patient presents on 04/20/15 with lower back pain rated 4-5/10 and associated spasms in the lumbar spine. The patient's date of injury is 09/01/04. Patient is status post L4-S1 post posterior lumbar interbody fusion on 10/14/14. The request is for 1 PRESCRIPTION OF BACLOFEN 5MG #90. The RFA is dated 04/21/15. Physical examination dated 04/20/15 reveals mild tenderness to palpation of the lumbar paraspinal muscles, decreased strength with hip flexion bilaterally, and decreased sensation along the lateral aspect of the bilateral feet. The patient is currently prescribed Baclofen, Dilaudid, Topamax, and Ambien. Diagnostic imaging included CT scan of the lumbar spine dated 10/07/14, significant findings include: "very mild dextroscoliosis, multilevel degenerative changes of the lumbar spine." Patient is currently classified as permanent and stationary. Regarding muscle relaxants for pain, MTUS Guidelines page 63 states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen." In regard to the continuation of Baclofen for this patient's lower back muscle spasms, the requesting provider has exceeded guideline recommendations. Progress notes indicate that this patient has been receiving Baclofen since at least 12/30/15 with spasm relief noted in the subsequent reports. However, MTUS guidelines do not support the use of muscle relaxants such as Baclofen long term. The requested 90 tablets in addition to prior use, does not imply the intent to limit this medication to short term use. Therefore, the request IS NOT medically necessary IS NOT medically necessary.

Dilaudid 4 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents on 04/20/15 with lower back pain rated 4-5/10 and associated spasms in the lumbar spine. The patient's date of injury is 09/01/04. Patient is status post L4-S1 post posterior lumbar interbody fusion on 10/14/14. The request is for 1 PRESCRIPTION FOR DILAUDID 4MG #90. The RFA is dated 04/21/15. Physical examination dated 04/20/15 reveals mild tenderness to palpation of the lumbar paraspinal muscles, decreased strength with hip flexion bilaterally, and decreased sensation along the lateral aspect of the bilateral feet. The patient is currently prescribed Baclofen, Dilaudid, Topamax, and Ambien. Diagnostic imaging included CT scan of the lumbar spine dated 10/07/14, significant findings include: "very mild dextroscoliosis, multilevel degenerative changes of the lumbar spine." Patient is currently classified as permanent and stationary. MTUS Guidelines pages 88 and 89

under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids Therapeutic Trial of Opioids, also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior. As well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regard to the continuation of Dilaudid for the management of this patient's intractable pain, the treating physician has not provided adequate evidence of medication efficacy. Progress report dated 04/20/15 notes does not document analgesia or provide functional improvements. Addressing efficacy, the provider states: "Patient states that overall she has been doing better, she states that she has noticed some improvement in her nerve pain with medications." The provider does note that this patient's most recent UDS dated 02/26/15 is consistent, and that the patient does not display aberrant behavior. However, MTUS guidelines required documentation of analgesia via a validated scale and activity-specific functional improvements. Without such documentation, continuation of this medication cannot be substantiated. Given the lack of complete 4A's documentation, as required by MTUS, the request IS NOT medically necessary.