

Case Number:	CM14-0146293		
Date Assigned:	09/12/2014	Date of Injury:	02/25/2010
Decision Date:	10/22/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 43 year old female who sustained an injury on 02/25/10 while attempting to move a child. The injured worker developed pain in the low back. The injured worker's treatment has included Toradol injections as well as B12 injections. Multiple epidural steroid injections have been completed. The injured worker previously underwent right suprascapular nerve blocks in April of 2014. The injured worker did have a spinal cord stimulator placed in February of 2014. As of 07/28/14 the injured worker continued to report pain in the neck radiating to the upper extremities and low back pain radiating to the lower extremities. The injured worker is reported to have had multiple ER visits due to severe pain. The injured worker's physical exam noted tenderness to palpation in the lumbar region with limited range of motion. There were no focal neurological findings noted. Medications included hydrocodone 10/325mg every 8 hours, Baclofen 20mg, Lunesta 3mg, Gabapentin 600mg, and Opana ER 30mg every 12 hours. The follow up on 08/25/14 noted unchanged symptoms that were severe 8/10 with medications. No change on physical exam was noted. The injured worker's medications and mattress were denied on 08/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: In regards to the use of Baclofen 20mg quantity 60, this medication is not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, the request for Baclofen 20mg #60 is not medically necessary.

Opana ER 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93.

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

Decision rationale: In regards to the use of Opana ER 30mg quantity 60, this medication is not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. Per guidelines, ongoing management with opioids require evidence of pain relief (current, least, and average pain with corresponding onset and duration of effect), functional gain, and appropriate medication use in the absence of side effect or aberrant drug-taking behaviors. Any associated improvement in function from prior opioid therapy was not documented. The computed morphine equivalent dose for this case (180 mg for Opana and 30mg for hydrocodone-acetaminophen) is not within current evidence based guideline endorsement of up to 100 mg per day. There is no pain contract, pill count, behavioral evaluation, CURES report, or urine drug screen submitted for review to indicate lack of drug misuse/abuse. As such, the request for Opana ER 30mg #60 is not medically necessary.

Orthopedic Bed/Mattress: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Mattress Selection

Decision rationale: The requested orthopedic bed and mattress would not be recommended as medically necessary. Per current evidence based guidelines, the selection of a mattress for any lumbar condition is highly subjective with no evidence in the current literature that any particular

mattress is effective in addressing chronic low back pain. As such, the request for Orthopedic Bed/Mattress is not medically necessary.