

Case Number:	CM13-0003784		
Date Assigned:	12/11/2013	Date of Injury:	08/22/2008
Decision Date:	02/27/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	07/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 physician 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 patient is a 49-year-old male who reported an injury on 08/22/2008 that ultimately resulted in cervical laminectomy and fusion that failed to treat the patient's symptoms. The patient developed chronic pain that was managed by medications. The patient was regularly monitored for aberrant behavior with urine drug screen testing. The patient's treatment history also included epidural steroid injections and psychological support. The patient's medications included Baclofen 10 mg, Mobic 7.5 mg, OxyContin 10 mg, and OxyContin 20 mg. The patient's diagnoses included postlaminectomy syndrome, joint pain in the shoulder, and brachial plexus lesions. The patient's treatment plan included continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg, #60, 5 refills: Upheld

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

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

Decision rationale: The requested prescription of Baclofen 10mg, quantity of 60, 5 refills is not medically necessary or appropriate. The clinical documentation submitted for review does

provide evidence that the patient has been on this medication for an extended duration of time. California Medical Treatment Utilization Schedule recommends the use of muscle relaxants such as Baclofen for short courses of treatment not to exceed 4 weeks. The clinical documentation submitted for review supports that this patient has been on this medication for an extended duration, and the requested 5 refills exceed guideline recommendations of a short course of therapy. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. Additionally, the documentation submitted for review does not provide any evidence of functional benefit or symptom relief as a result of this medication. Therefore, continued use would also not be indicated. As such, the requested prescription of Baclofen 10mg, quantity of 60, 5 refills is not medically necessary or appropriate.

Mobic 7.5mg, #60, 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60, 67.

Decision rationale: The requested prescription of Mobic 7.5mg, Quantity of 60, 5 refills is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. California Medical Treatment Utilization Schedule recommends the continued use of medications for chronic pain management be supported by documentation of functional benefit and symptom response. The clinical documentation submitted for review does not provide any evidence that the patient has any functional benefit or pain relief as a result of this medication. Therefore, continuation of Mobic would not be indicated. As such, the requested prescription of Mobic 7.5mg, Quantity of 60, 5 refills is not medically necessary or appropriate.