

Case Number:	CM13-0015924		
Date Assigned:	10/11/2013	Date of Injury:	12/09/1996
Decision Date:	01/23/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/23/2013

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 & Rehabilitation and is licensed to practice in Texas. 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 50 year old female who reported an injury on 12/09/1996. The mechanism of injury was not provided, but resulted in injury to her cervical and lumbar spine. The patient has radicular complaints in the bilateral lower extremities but there was no objective documentation on physical examination confirming these claims. She is permanent and stationary and is reported to have stable pain control with her current medication regime.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): s 74-95.

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS Guidelines recommend the use of opioids for chronic pain and have set criteria for on-going medication management. These criteria include, but are not limited to, a single prescribing physician; the lowest effective dose, ongoing objective documentation of pain relief, how long it takes for the relief to begin, how long pain relief lasts, side effects, physical and psychological

functioning, and aberrant behaviors as well as frequent urine drug screening. For long term medication management, guidelines recommend that functional improvement be measured on a numerical scale and compared to baseline to determine medication efficacy. In treating chronic back pain, guidelines do not recommend the use of opioids for greater than 16 weeks, as their long term efficacy is unclear. The clinical records state that the patient reports an increase in daily functioning; however, no numerical values were assigned to this claim for comparison to baseline. Nor was there documentation regarding the duration of onset or the duration of relief, and the anticipated frequency was not indicated. As such, the request for Percocet 10/325mg #90 is non-certified.

Baclofen 10mg: 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): s 63-66.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines recommend muscle relaxants as a second line option for short term treatment of acute exacerbations of chronic low back pain. Antispasticity drugs, to include Baclofen, are used to treat spasticity where symptoms of exaggerated reflexes, autonomic hyperreflexia, dystonia, contractures, paresis, lack of dexterity and fatigability are present. There was no documentation in the clinical records provided that stated the patient exhibited any of these symptoms, nor were there objective findings of neuralgia. As such, the request for Baclofen 10mg is non-certified.