

<b>Case Number:</b>	CM13-0025400		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	07/31/2003
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### 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 PM&R, has a subspecialty in Interventional Spine 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 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:

This is a 54-year-old female with a 7/31/03 industrial injury. The mechanism of onset was not available. The 8/22/13 report from [REDACTED] shows a diagnosis of chronic right knee pain and that the patient is considered permanent and stationary. The available records show that the patient has been using baclofen, glucosamine/chondroitin and omeprazole since the 8/21/2012 report. The 9/30/13 report shows the average pain is 7/10; pain before meds is 8/10; and pain after meds is 1/10 (corrected apparent transposed before and after scores, being the report indicated improvement). [REDACTED] states it takes 30 mins after taking the medication for the patient to get the improvement, and the improvement lasts 6 hours

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg #90:** Upheld

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

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

**Decision rationale:** [REDACTED] provides excellent reporting on the patient's medication. He notes current pain levels on a VAS, and average pain over the past 30 days, the pain level before

taking medication, the pain level after taking medications, the time it takes for the patient to get relief with the medications and the length of time the relief lasts. Unfortunately, I am unable to determine whether the use of baclofen is in accordance with the MTUS guidelines. The patient's diagnosis was listed as "chronic knee pain". For muscle relaxants, states "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP," and for Baclofen states: "It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia, non-FDA approved)." There was no mention of acute exacerbation of low back pain and no mention of spasticity or muscle spasm or lancinating neuropathic pain. On looking through the records, I see the patient received Supartz injections in the past, which are usually for osteoarthritis. The pain from osteoarthritis is not considered neuropathic pain. I am unable to confirm that the use of baclofen is in accordance with MTUS guidelines.

**Omeprazole 20mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** The patient appears to have been on omeprazole since 8/21/12. The earliest available reports are from 7/2011, but are for interferential supplies. I am unable to find a report that includes a comprehensive evaluation with a review of systems. The medical reports provided from 8/21/12 through 9/30/13 did not discuss a rationale for omeprazole. There was no discussion of any GI issues, as addressed by MTUS, and no mention of GERD or dyspepsia from the use of NSAIDs. Based on the available documents, the use of omeprazole is not in accordance with MTUS guidelines.

**Glucosamine/Chondroitin #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

**Decision rationale:** The patient is reported to have chronic knee pain and has a history of Supartz injections. The assumption is that the injections were approved for osteoarthritis of the knees, as that is the only indication per evidence-based guidelines. [REDACTED] has reported functional improvement and has shown a satisfactory response to treatment with the medication. MTUS for glucosamine and chondroitin states, "Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis." The use of this medication appears to be in accordance with MTUS guidelines.

