

Case Number:	CM13-0037049		
Date Assigned:	12/13/2013	Date of Injury:	08/16/2007
Decision Date:	02/10/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/22/2013

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, has a subspecialty in Pain Management 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:

The patient is a male with a date of injury of 8/16/07. A utilization review determination dated 10/15/13 recommends modification of Norco 10/325 mg #120 to Norco 10/325 mg #60 and non-certification of Baclofen 10 mg #120. A progress report dated 10/7/13 identifies subjective complaints of neck pain radiating to the bilateral upper extremities, unchanged, with average pain level of 6/10 with medications and 9/10 without, along with increased spasm. Baclofen was noted to be abruptly denied. Objective examination findings identify that the patient was in severe distress with a slow antalgic gait. Cervical spine ROM was severely reduced secondary to pain and vertebral tenderness was noted from C4-7 along with paraspinous muscle spasm. Diagnoses include lumbar radiculopathy, cervical radiculopathy, status post cervical fusion, depression, anxiety, iatrogenic opioid dependency, status post multilevel cervical disc replacement, and "patient never received IMR form." The treatment plan recommends a B12 injection, Toradol injection, follow-up in 2 months, detox at Loma Linda hospital, "CURES report noted OK, AME psychiatric pending 3 days, renew Baclofen for episodes severe spasm (for occasional use) cannot stop abruptly," and medications refilled including Enalapril, Tramadol, Clonidine, Clonazepam, Norco, and Baclofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: 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): 76-79.

Decision rationale: Regarding the request for Norco, California MTUS Chronic Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Norco is significantly improving the patient's function or pain, as the patient's current pain level with medications is almost as high as the prior pain level without medications and no functional improvement is clearly described. Furthermore, there is no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Norco is not medically necessary.

Baclofen 10mg #120: 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): 63-66.

Decision rationale: Regarding the request for Baclofen, California MTUS supports the short-term use of non-sedating muscle relaxants as a second-line option in the management of acute pain and acute exacerbations of chronic pain. This medication is a sedating muscle relaxant apparently being utilized for long-term treatment, and the documentation does not identify acute pain or an acute exacerbation of chronic pain. Additionally the provider notes that the medication was "abruptly denied," but it appears that the medication has been both non-certified and recommended for tapering in the past on multiple occasions. In light of the above issues, the currently requested Baclofen is not medically necessary.