

Case Number:	CM13-0037052		
Date Assigned:	04/25/2014	Date of Injury:	02/12/2006
Decision Date:	05/29/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/22/2013

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 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 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 38-year-old male who reported an injury on 02/12/2006. His symptoms included a pain level of 8/10 before medications and 5- 6/10 with medications. The addition of Baclofen was quite helpful. On examination of the cervical spine, he continued to have significant limitation of range of motion. The injured worker was diagnosed with neck pain. Past medical treatment included physical therapy, a TENS unit, and oral medications. A CT of the cervical spine on 09/02/2013, was noted to reveal no acute fracture or subluxation in the cervical spine. The craniocervical junction appeared to be within normal limits. No lytic or blastic osseous lesion was noted. There was no significant degenerative changes. An x-ray of the pelvis on 09/02/2013 revealed no evidence of displaced fracture or dislocation. A chest x-ray on 09/02/2013, revealed no lobar consolidation or large pleural effusion, no appreciable mediastinal shift, no cardiomegaly or overt pulmonary vascular congestion, and partial visualization of the lower cervical ACDF was noted. On 10/17/2013, a request for Norco 10/325 mg and Baclofen 10 mg had been made. A rationale for the requested treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

BACLOFEN 10 MG #60: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, muscle relaxants are recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDS in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDS. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. Baclofen 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, proximal neuropathic pain (trigeminal neuralgia, non-FDA approved). The documentation submitted for review indicated the injured worker stated his pain level was an 8/10 before medications and 5- 6/10 with medications. The addition of Baclofen was noted to be quite helpful. As the guidelines state Baclofen is intended for treatment of spasticity and muscle spasm, the documentation failed to provide evidence of spasticity or muscle spasm upon examination. Therefore, the request is not supported. Additionally, the request as submitted failed to indicate the frequency in which this medication is to be taken. Given the above, the request for Baclofen 10 mg #60 is not medically necessary.

NORCO 10/325 MG #210: 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): 78.

Decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status and the 4 A's for ongoing monitor which include analgesia, activities of daily, adverse side effects and aberrant drug taking behaviors. The documentation submitted for review indicated the injured worker had a pain level of 8/10 before medications and 5/10 to 6/10 with medications. Final Determination Letter for IMR Case Number CM13-0037052 4 The addition of Baclofen was noted to be helpful. However, the documentation failed to provide evidence of adverse effects or aberrant drug taking behaviors. In the absence of detailed documentation, as required by the guidelines, for the ongoing use of opioid medications, the request is not supported. Additionally, the request as submitted failed to provide the frequency in which this medication is to be taken. Given the above, the request for Norco 10/328 mg #210 is not medically necessary.