

Case Number:	CM13-0040192		
Date Assigned:	12/20/2013	Date of Injury:	08/01/2001
Decision Date:	02/24/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/29/2013

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 Internal Medicine, Pulmonary Diseases 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 reported a work related injury on 08/01/2001, specific mechanism of injury not stated. The patient's presenting diagnoses include chronic cervicalgia, status post anterior cervical discectomy and fusion C5-7 levels with intractable chronic pain, recurrent myofascial strain, and referred pain to the bilateral upper extremities. The clinical note dated 12/16/2013 reports the patient was seen under the care of [REDACTED] postoperatively. The provider documents the patient's neck and arm pain are negligible. The patient reports cervical spine soreness is 1/10 to 2/10. The patient had some difficulty with hoarse voice and swallowing aspiration. The provider documents the patient, upon physical exam, has range of motion about the cervical spine at 45 degrees of flexion and extension, abduction 20 degrees, reflexes throughout the bilateral upper extremities are at 1, and motor strength is 5/5. The provider documents the patient was recommended to undergo a barium swallow to determine gastroesophageal swallowing dysfunction, ear, nose, and throat consult, x-ray for evidence of aspiration pneumonia, and plain view x-ray of the cervical spine to determine position and progression of arthrodesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180 (1 refill): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence the patient's reports of efficacy with her current medication regimen on the most recent clinical notes submitted evidencing physical exam of the patient. The clinical notes fail to document increase in objective functionality and decrease in rate of pain on a VAS scale as a result of the patient's medication regimen. California MTUS indicates, "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors)." Given the above, the request for Norco 10/325mg #180 (1 refill) is not medically necessary or appropriate.

Baclofen 20mg (2 refills) for the Cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-97.

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

Decision rationale: The current request is not supported. California MTUS indicates Baclofen is recommended orally for the treatment of spasticity and muscle spasms related to multiple sclerosis and spinal cord injuries. The clinical notes do not evidence duration of treatment with use of Baclofen, or efficacy of treatment. Given the lack of documentation evidencing the above, the request for Baclofen 20mg (2 refills) for the Cervical is not medically necessary or appropriate.