

Case Number:	CM13-0043019		
Date Assigned:	12/27/2013	Date of Injury:	03/19/2012
Decision Date:	02/28/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/31/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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 patient is a 36 year-old female with a date of injury of 3/19/2012. She reports pain beginning in mid-February. There is not a specific injury that occurred but she performs repetitive lifting of case files and typing for [REDACTED]. Her diagnoses included: Cervical spine radiculopathy to the left upper extremity status post cervical spine C6-C7 anterior discectomy and partial vertebrectomy, left cervical paraspinal muscle and left upper trapezius muscle spasm, left medial epicondylitis, left shoulder pain secondary to muscle spasm and radicular pain from the cervical spine. The primary treating physician's progress report dated 09/09/13 confirms the patient's status post cervical spine surgery. The claimant is doing a lot better with less pain and her movement is better. The claimant has been cleared by her provider to start physical therapy and the request has been sent already. The provider would like that request to be authorized as soon as possible so the claimant can move forward with the improvements she has been experiencing post surgically. On examination, there is tenderness over the base of the cervical spine and upper thoracic region which is more prominent on the left side. Her right rotation is limited and painful. Flexion and extension are within normal limits, but motion is guarded and somewhat painful in extension. The provider recommends cervical spine physical therapy post surgically two times per week for six weeks. The claimant was seen for a follow-up visit and is temporarily totally disabled on an industrial basis for six weeks. The claimant has undergone cervical spine surgery at C6-7 on 05/23/13. The claimant has been tapering off medication and using it only as needed, approximately one tablet a week. She rates the pain at 1/10. On examination, blood pressure is 125/87 mmHg and the surgical scar in the anterior part of the neck is healing well. The claimant is going to be discharged from the pain clinic and has medications such as Norco 5/325 mg every day available in case the pain returns and Baclofen 10 mg twice daily for muscle relaxation as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg q.d.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC-Pain (Chronic) (updated 11/14/13)-Opioids for chronic pain.

Decision rationale: California Medical Treatment Utilization Schedule (CA-MTUS) recommends short use of opioids for severe cases, not to exceed 2 weeks, and do not support chronic use. The clinical notes submitted for review reflect that the patient has been well managed and tapered to a dosage level of one tablet per week as needed. Given the absence of need for further tapering based on accepted withdrawal physiologic guidelines, and the reduced pain level experienced by the patient, the need for opioid use is not substantiated and therefore the request for Norco 5/325mg q.d. as needed is not medically necessary and appropriate.

Baclofen 10mg b.i.d.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention.

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

Decision rationale: With respect to the request for Baclofen 10mg b.i.d., the patient is experiencing a significant and continuing decline in symptoms after responding to the therapeutic program instituted. She is being tapered off of pain medications and is on physical therapy and home exercises. She has been on baclofen therapy for an extended period and symptoms are reduced to stiffness. ODG guideline recommended non-sedating muscle relaxants with caution as a second-line option for short-term (less than two weeks) treatment of acute LBP and for short-term treatment of acute exacerbations in patients with chronic LBP. Based on clinical findings and the lack of efficacy of this medication in long term use, the request for Baclofen 10mg b.i.d. as needed is found to be not medically necessary and appropriate.