

<b>Case Number:</b>	CM13-0055598		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/02/2003
<b>Decision Date:</b>	03/28/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 42-year-old male who reported an injury on 12/02/2003. The mechanism of injury was not provided. The documentation submitted for review indicated the patient's pain level was 10/10. The patient was having dysuria and incontinence and chronic constipation. The patient indicated that during the course of performance of activities of daily living, there was a significant amount of pain and stiffness of the cervical spine and lumbar spine and upper extremities and lower extremities. The patient's diagnoses were noted to include cervical spine sprain/strain syndrome, cervical discogenic pain, status post cervical fusion residual pain, cervical radiculopathy, headaches, thoracic spine sprain/strain syndrome, right shoulder post subacromial decompression, right shoulder postsurgical changes of the acromioclavicular joint with mild rotator cuff tendinosis, right shoulder sprain/strain syndrome, multiple disc bulges of the lumbar spine, disc degeneration lumbar spine, lumbar radiculopathy bilateral, sacrococcygeal pain, plantar fasciitis right foot, sexual dysfunction, depression and anxiety, reflex sympathetic dystrophy of the right upper extremity, face and jaw pain possible TMJ from clenching and grinding of teeth, insomnia, GI upset, and trembling movements of the bilateral upper extremities. The patient was not doing well. The planned course of treatment was to refill Norco 10/325 mg and Baclofen 10 mg 90 tablets. Additionally, the patient should see a gastroenterologist and urologist, as well as a neurologist, rheumatologist, dermatologist, and psychologist to address memory.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**180 Norco 10/325mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Ongoing treatment Page(s): 60, 78.

**Decision rationale:** California MTUS Guidelines recommend opioids for chronic pain and there should be documentation of an objective increase in function, decrease in VAS score, evidence the patient is being monitored for aberrant drug behavior, and side effects. The clinical documentation submitted for review indicated the patient was having severe constipation. However, there is lack of documentation indicating the patient had an objective increase in function and decrease in the VAS score at the patient's pain was noted to be 10/10. Given the above, the request for 180 Norco 10/325 mg is not medically necessary.

**90 Baclofen 10mg:** 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.

**Decision rationale:** California MTUS Guidelines indicate muscle relaxants are prescribed as a second-line option for short-term treatment of acute low back pain. The use should be limited to less than 3 weeks and there should be documentation of objective functional improvement. The clinical documentation submitted for review failed to provide the duration the patient had been on the medication. Additionally, there is lack of documentation of the patient's objective functional improvement on the medication. Given the above, the request for 90 Baclofen 10 mg is not medically necessary.