

Case Number:	CM13-0056080		
Date Assigned:	12/30/2013	Date of Injury:	10/23/2009
Decision Date:	03/26/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	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 Neurology, has a subspecialty in Neuromuscular Medicine 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:

██████████ is a 40 year old woman who sustained a work-related injury on October 23, 2009. Subsequently, she developed chronic back pain. According to the progress note was October 28, 2013, the patient was complaining of back pain radiating into the left leg, right leg and weakness with spasm. Physical examination demonstrated the cervical tenderness with spasm and decreased range of motion, decreased strength with positive straight leg raise, hypoesthesia in the left greater than the right L5 and S1 dermatoma. Her provider reported functional improvement with active treatment with pain going from 10/10 to 4/10. From the provider note, it seems that the patient try to when herself off the medication, however, her pain increased. Her provider requested authorization for the medications and mentioned below.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 179..

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition, according to MTUS guidelines, for ongoing use of opioids there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids (Norco). There no clear documentation of the efficacy/safety of previous use of Norco. There is no clear justification for the need to continue the use of Hydrocodone/Acetaminophen. Therefore, the prescription of Norco 10/325MG #180 is not medically necessary.

Baclofen 20mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

Decision rationale: According to MTUS guidelines, an non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. Baclofen is usually used for spasm in spinal cord injury and multiple sclerosis. There no clear evidence of acute exacerbation of spasticity in this case. Continuous use of baclofen may reduce its efficacy and may cause dependence. Therefore, the request for Baclofen 20mg #90 is not medically necessary.

Dilaudid 4mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 179.

Decision rationale: According to MTUS guidelines, Dilaudid is a short acting opioids is seen an effective medication to control pain. According to MTUS guidelines, for the ongoing use of opioids there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. There is clear evidence and documentation from the patient file, for a need for more narcotic medications. There is no

indication and rational for the use of two opioids. In addition, there is no recent urine drug screen documenting the patient compliance with prescribed medications. There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids. There no clear documentation of the efficacy/safety of previous use of opioids. Therefore, the prescription of Diaudid 4mg #30 is not medically necessary.