

Case Number:	CM13-0060493		
Date Assigned:	01/15/2014	Date of Injury:	01/26/2009
Decision Date:	06/27/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/03/2013

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 Family Practice 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 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 patient is a 39 year old male who sustained an injury on 01/26/09 and was followed for complaints of chronic low back mid back and lower extremities symptoms. The patient had prior history of medication use including Lidoderm patches, Amitriptyline, Baclofen and Hydrocodone. The patient was seen on 09/17/13 with continuing complaints of both neck pain and low back pain. On physical examination there was loss of range of motion both in the cervical spine and lumbar spine. The patient was pending TENS unit equipment. At this visit medications including Vicodin and Lidoderm patches were refilled. Follow up on 10/15/13 indicated the patient continued to have low back pain with some intermittent neck pain. The patient also described depression symptoms. The patient was seeing a psychologist in combination with chronic and in combination with pain management. Physical examination continued to note loss of range of motion in the cervical spine and lumbar spine with parathoracic tenderness from T7 to L1 and lumbar tenderness from L1 to S1. Spasms were noted on physical examination. The patient was seen on 11/12/13 for continuing complaints of neck upper back and low back pain radiating to lower extremities. Physical examination was unchanged in tenderness to palpation in the mid and low back and loss of range of motion in the neck and low back. The patient was recommended to continue with medications including Vicodin Baclofen and Elavil. The treating provider has requested Baclofen 10mg #120 with 3 refills and Atarax 25mg #120 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF BACLOFEN 10MG #120 WITH 3 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS (FOR PAIN),

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

Decision rationale: In regards to the request for Baclofen 10 quantity 120 with 3 refills, this reviewer would not recommend this medication as medically necessary. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there has been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Medical necessity for the requested item was not established. The requested Baclofen 10mg #120 with 3 refills is not medically necessary and appropriate.

1 PRESCRIPTION OF ATARAX 25MG #120 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Atarax. (2013). In Physicians' desk reference 67th ed.

Decision rationale: In regards to the use of Atarax, this medication is indicated in the treatment of anxiety or tension associated with psychoneurosis or other organic disease states for which anxiety is manifested. It was also indicated as a sedative in combination with general anesthesia or to address symptoms secondary to allergic conditions. In this case none of these conditions were present. The rationale behind the use of Atarax was to address side effects from Vicodin. These were not specifically discussed in the clinical record to support the use of this medication. Medical necessity for the requested item was not established. The requested Atarax 25mg #120 with 3 refills is not medically necessary and appropriate.