

Case Number:	CM13-0060620		
Date Assigned:	12/30/2013	Date of Injury:	07/05/2002
Decision Date:	05/15/2014	UR Denial Date:	11/27/2013
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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 72 year-old male with date of injury of 07/05/2002. The listed diagnoses per [REDACTED] dated 10/29/2013 are: 1. Chronic/inter-traceable lumbar spine pain with radiculopathy. 2. Neuropathy, bilateral legs. 3. Back muscle spasms. According to the progress report, the patient complains of low back and hip pain. The patient describes the pain as strong and upsetting. He rates his pain a 5/10. The objective findings show decreased range of motion in the lumbar spine. There is also paraspinal spasms. The treater is requesting refills of Norco and baclofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN, CRITERIA FOR USE OF OPIOIDS Page(s).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

Decision rationale: This patient presents with chronic low back and hip pain. The treater is requesting a refill for Norco. For chronic opiate use, the MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once

every 6 months. Documentations of 4 A's (analgesia, ADLs, adverse side effects, adverse behaviors) are also required. Furthermore, under outcome measures, MTUS recommends documentation of current pain, average pain, least pain, time it takes for medications to work, duration of pain relief with medications, etc. Review of reports from 03/27/2013 to 10/29/2013 show that the patient has been taking Norco since 03/27/2013. The treater documents medication efficacy stating, "Patient states medication helps ease his pain when he rests and takes his medications." Other than these generic statements, none of the report showed documentation of pain assessment using a numerical scale in describing the patient's pain and function. There were no outcome measures, specific ADLs, and return to work discussions provided. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in the MTUS Guidelines. Recommendation is for denial.

BACLOFEN 20MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN), Page(s): 63.

Decision rationale: This patient presents with chronic low back and hip pain. The treater is requesting a refill for Baclofen, a muscle relaxant. The MTUS guidelines page 63 on muscle relaxants states that it is recommended as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. However, they show no benefit beyond NSAIDs in pain and overall improvement. This medication is not recommended to be used for longer than 2-3 weeks. The review of 64 pages of records show that the patient was first prescribed baclofen on 10/29/2013. However, the treater failed to document medication efficacy and functional improvement as it relates to the use of baclofen. The treater also does not indicate that this is to be used for a short-term. Recommendation is for denial.