

Case Number:	CM13-0066791		
Date Assigned:	01/03/2014	Date of Injury:	11/25/1996
Decision Date:	05/21/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/17/2013

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 and is licensed to practice in Illinois. 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 injured worker is a 76-year-old female who reported injury on 11/25/1996. The mechanism of injury was not provided. The injured worker's diagnoses were right C7 radiculopathy and cervical spondylosis. The lone documentation dated 12/11/2013 was submitted in appeal. The office visit indicated the injured worker had completed approved physical therapy with 60% improvement in the cervical and thoracic myofascial pain. Due to the improvement, the injured worker decreased hydrocodone from 4 times a day to 3 times a day, decreased the baclofen from 2 to 3 per day to 1 at bedtime, and discontinued the Flector patches. The documentation further indicated the injured worker had objective functional improvement, including an improved ability to walk, an improved ability to stand, and an improved ability to cook meals, with hydrocodone. It was indicated the baclofen decreased cervical myofascial spasms and pain without adverse side effects, allowing restful sleep. Discontinuation of baclofen resulted in severe sleep disturbance, daytime fatigue, increased cervical myofascial spasm and pain, and an inability to perform housekeeping and difficulty cooking. The physical examination revealed the injured worker had right thoracolumbar myofascial spasm and tenderness with circumscribed trigger points. The injured worker had marked myofascial spasm and tenderness in the posterior neck, bilateral shoulders, and right greater than left thoracic paravertebral muscles. The appeal was made for hydrocodone/APAP 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 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN; ONGOING MANAGEMENT; OPIOID DOSING Page(s): 60,78,86.

Decision rationale: California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective improvement in function, objective decrease in pain, and documentation that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted in the appeal indicated the injured worker had objective functional improvement. However, there was a lack of documentation indicating an objective decrease in the pain and there was also lack of documentation that the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. The duration of use for the requested medication could not be established with one clinical note. Given the above, the request for Norco 10-325MG #120 is not medically necessary.

BACLOFEN 10MG #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63.

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

Decision rationale: California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute pain, and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had objective functional improvement and continued to have muscle spasms. The duration of use for the requested medication could not be established with one clinical note. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 150 tablets. Given the above and the lack of documentation, the request for Baclofen 10MG #150 is not medically necessary.

FLECTOR PATCH 1.3% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS; TOPICAL NSAIDS Page(s): 111.

Decision rationale: California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical non-steroidal anti-inflammatory drugs (NSAIDs) have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2 week period. The indications for the use of topical NSAIDs are osteoarthritis and tendinitis of the knee and other joints that can be treated topically. They are recommended for short term use of 4 weeks to 12 weeks. There is little evidence indicating effectiveness for treatment of osteoarthritis of the spine, hip or shoulder. The clinical documentation submitted for review failed to indicate the injured worker had neuropathic pain and that trials of antidepressants and anticonvulsants had failed. There was a lack of documentation indicating the injured worker has osteoarthritis for which the treatment with topical NSAIDs is supported. The duration of use for the requested medication could not be established with one clinical note. The physician documentation indicated the medication had been stopped. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Flector Patch 1.3% #60 is not medically necessary.