

Case Number:	CM13-0069343		
Date Assigned:	01/03/2014	Date of Injury:	02/12/2004
Decision Date:	05/29/2014	UR Denial Date:	11/29/2013
Priority:	Standard	Application Received:	12/20/2013

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 & 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 51-year-old male who reported an injury on 02/12/2004. The mechanism of injury was not stated. Current diagnoses include thoracic/lumbar degenerative joint disease, and lumbar radiculopathy. The injured worker was evaluated on 11/22/2013. The injured worker reported no changes in pain. Physical examination revealed tenderness to palpation of the thoracic and lumbar spine. Treatment recommendations included an intramuscular injection of Toradol 60 mg and prescriptions for baclofen 10 mg and Norco 7.5/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF BACLOFEN 10MG 390: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. There is no evidence of palpable muscle spasm or spasticity upon physical examination. The injured worker

has previously utilized baclofen 10 mg in 09/2012. There was no evidence of objective functional improvement. Therefore, the request is not medically necessary.

ONE PRESCRIPTION OF NORCO 7.5/325MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no evidence of a failure to respond to non-opioid analgesics. As such, the request is not medically necessary.

FOUR TORADOL 60MG IM INJECTIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. Toradol is not indicated for minor or chronic painful conditions. Therefore, the current request cannot be determined as medically appropriate. Additionally, the request for 4 injections cannot be determined as medically appropriate, as the initial response would require re-assessment prior to the administration of a repeat injection. As such, the request is not medically necessary.