

Case Number:	CM13-0072290		
Date Assigned:	01/08/2014	Date of Injury:	02/14/2006
Decision Date:	05/29/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/30/2013

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 New Jersey. 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 worker is a 68-year-old with a history of a prior injury on February 14, 2006 of his lower back after lifting a heavy box. He now chronically has neck, back and right shoulder pain. He was diagnosed with chronic cervical pain with disc disease of the cervical spine, and chronic lumbar pain with sciatica by his treating physician. His primary complaint over the past few notes provided including notes on January 8 and February 5, 2013 was his neck pain which the worker described as a nagging, sharp pain for which he has tried chiropractor manipulation, which seemed to help, pain patches, which helped but which he reacted negatively to with a rash, TENS (transcutaneous electrical nerve stimulation) unit which helped, oral narcotic pain medication, which doesn't help adequately, baclofen, which didn't help significantly, and gabapentin which helped. The patient had been using famotidine daily which helped his stomach feel better. Reported in the progress notes it is appears that the worker had neck muscle spasm bilaterally in the past on examination. The worker had been also doing home exercises and stretches. The worker has a history of peptic ulcer and has been avoiding NSAID (non-steroidal anti-inflammatory drug) use for this reason.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF BACLOFEN 10MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-64.

Decision rationale: Muscle relaxants may be used for chronic pain with caution, according to the Chronic Pain Medical Treatment Guidelines, and may be effective if the pain is related to muscle tension and may improve mobility. However, in most cases, they show no benefit beyond NSAIDs in overall improvement. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In this case, the worker had not been taking NSAIDs (non-steroidal anti-inflammatory drugs), due to it being contraindicated in his case as he has a history of peptic ulcer. Baclofen is one of the muscle relaxants with the least amount of clinical evidence in terms of clinical effectiveness, according to the Chronic Pain Medical Treatment Guidelines for chronic pain. However, documentation of functional improvement is required to justify the use of a muscle relaxant, which was not seen in the documents provided. The request for pharmacy purchase of baclofen 10 mg, 180 count, is not medically necessary or appropriate.

FAMOTIDINE 20MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton Pump Inhibitors Section.

Decision rationale: The MTUS does not comment on the use of famotidine or any other H2-blocker medications. The ODG mentions the use of proton pump inhibitors as the recommended choice of antacid medication treatment for the most effective results in persons with gastrointestinal risk of ulcer related to NSAID use for pain control. No mention of H2 blockers such as famotidine is found in neither the MTUS Guidelines nor the ODG. The request for famotidine 20 mg, ninety count, is not medically necessary or appropriate.

HYDROCODONE BITARTRATE/ACETAMINOPHEN 7.5MG/325MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 80-81, 88.

Decision rationale: The Chronic Pain Medical Treatment Guidelines require there to be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects as criteria necessary to support the medical necessity of hydrocodone. In addition, the Chronic Pain Medical Treatment Guidelines identifies that opioids for chronic back pain or chronic neck pain appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (greater than sixteen weeks), but also appears limited. The Chronic Pain

Medical Treatment Guidelines Criteria for use of Opioids designates hydrocodone may be continued, even for long-term use, after initial trial if the patient has returned to work or if the patient has improved function and pain. Pain and function should be assessed at six month intervals in cases of long-term use using a numerical scale or validated instrument. The worker in this case reported to the treating physician that the benefit was minimal at the doses taken, and the worker did not want to try a higher dose, according to the progress notes provided. The progress notes provided did not document functional improvement in the worker specifically related to the hydrocodone use. Also, no mention of duration of use in the request was seen. The request for hydrocodone bitartrate/acetaminophen 7.5 mg/325 mg, ninety count, is not medically necessary or appropriate.