

Case Number:	CM14-0002717		
Date Assigned:	01/29/2014	Date of Injury:	10/29/2008
Decision Date:	06/13/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/06/2014

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 Occupational Medicine 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 an employee of [REDACTED] and has submitted a claim for neck pain associated with an industrial injury date of October 29, 2008. Treatment to date has included Tramadol, Naprosyn, Gabapentin, Florinal, Baclofen, Trazodone, Soma, Norco, Xanax, Latuda, Ambien, Wellbutrin, Abilify, Botox treatments for 2 sessions, muscle injections, trigger point injections and greater occipital nerve blocks. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of constant neck pain located on the entire neck, bilateral shoulder and bilateral arm relieved by heating pad, ice, injections and narcotic analgesics. On physical examination of the cervical spine, there was noted tenderness on the trapezius, paracervical, periscapular and spinous process. Range of motion was as follows: extension at 10 degrees, flexion at 10 degrees, lateral flexion at 10 degrees and rotation at 15 degrees. Pain was noted during range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

BACLOFEN 10 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 64.

Decision rationale: According to page 64 of the CA MTUS Chronic Pain Medical Treatment Guidelines, the use of Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. In this case, the patient has been on Baclofen since December 19, 2013 (3 weeks to date) with no noted functional improvement. No muscle spasm was noted on physical examination and there were no noted multiple sclerosis or spinal cord injury, which are indications for the use of Baclofen. Therefore, the request for Baclofen 10mg, #60 is not medically necessary.

FIORINAL 50/325 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate Section Page(s): 23.

Decision rationale: According to page 23 of the CA MTUS Chronic Pain Medical Guidelines, barbiturates, a component of Fiorinal (barbiturates, aspirin and caffeine) is not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of Barbiturate Containing Analgesics (BCA) due to the barbiturate constituents. In this case, the patient has been on Fiorinal since May 15, 2013 (7 months to date). The patient has neck and bilateral shoulder pain since 2008; however, there is no discussion regarding the indication of Fiorinal since it is not recommended for chronic pain. In addition, no functional improvement was noted despite its use. Furthermore, the present request does not specify the quantity to be dispensed. Therefore, the request for Fiorinal 50/325mg is not medically necessary.