

Case Number:	CM14-0007693		
Date Assigned:	02/10/2014	Date of Injury:	07/19/2007
Decision Date:	07/21/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/21/2014

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 Anesthesiology and is licensed to practice in Tennessee. 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 61-year-old male who has submitted a claim for posttraumatic headaches; s/p cerebrovascular accident; cervical thoracic strain/arthrosis with neural foraminal stenosis at C6-C7, thoracic strain/arthrosis; bilateral shoulder impingement syndrome with acromioclavicular joint arthrosis, bilateral carpal tunnel syndrome; lumbosacral strain/arthrosis at L4-L5 and L5-S1 with neural foraminal stenosis; bilateral degenerative arthrosis and possible osteochondral defect possible medial meniscal tear, left knee; bilateral foot and ankle sprain/arthrosis; gastrointestinal complaints; psychiatric complaints associated with an industrial injury date of 7/19/2007. Medical records from 2010-2013 were reviewed which revealed persistent neck, low back and left knee pain. Radicular symptoms were noted. Bilateral hands and wrists pain were also persistent which occurred with paresthesia. Physical examination of the cervical spine showed limited range of motion. Cervical rotation was at 50 degrees bilaterally. Foraminal compression test was positive. Spurling test was negative. Tinel and Phalen tests were positive. There was diffuse tenderness in the mid back L1-S1 region. Patient has severe antalgic gait. An MRI of the cervical spine done on 11/12/12 showed straightening of the normal lordotic curvature. Mild narrowing on the right neural foramina at C3-C4 was noted. There was mild to moderate narrowing of the right neural foraminal and moderately significant narrowing of the left neural foramen. Treatment to date has included epidural injections, home exercise programs, and psychotherapy sessions. Medications taken include Baclofen, Omeprazole, Hydrocodone 5/500mg and Meclizine 25 mg. A utilization review from 1/7/14 denied the requests for Hydrocodone 5/500 mg and Baclofen 10 mg. Requests were denied because there was no documentation of pain relief or functional improvements with the use of these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE 5/500 MG #60 WITH REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Section Page(s): 78.

Decision rationale: As stated on page 78 of the MTUS Chronic Pain Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been on Hydrocodone 5/500mg since 2/5/2013. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. Guidelines require clear and concise documentation for ongoing management. Therefore, the request is not medically necessary and appropriate.

BACLOFEN 10 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasticity Section, Baclofen Page(s): 64.

Decision rationale: As stated on page 64 of the MTUS Chronic Pain Guidelines, Baclofen, an anti-spasticity drug is recommended for the treatment of spasticity and muscle spasms related to multiple sclerosis and spinal cord injuries. In this case, the patient has been taking Baclofen since 2/3/13. However, there was no documentation that patient has spasticity or muscle spasm. Furthermore, medical records provided for review did not indicate a diagnosis of multiple sclerosis or spinal cord injury. Guidelines have not been met. Therefore, the request is not medically necessary.