

Case Number:	CM14-0101823		
Date Assigned:	07/30/2014	Date of Injury:	02/28/2006
Decision Date:	11/05/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/02/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 37-year-old male who reported an injury on 02/28/2006, when he reportedly fell off a 26 foot ladder. He was life flighted to [REDACTED] for a head injury. He had a shoulder injury and a broken clavicle. The injured worker's treatment history included psychiatric treatment, medications, and surgery. The injured worker was evaluated on 05/23/2014 and it was documented the injured worker had pain over the vertex of the skull with some stabbing sensation along the right side. He had burning sensation down the volar aspect of his left arm, pins and needles and aching across the proximal chest wall and posterior shoulder area, and some numbness of his fingertips. He described pain as 6/10 to 7/10 with medications and 9/10 without them. He complained of severe headaches, partially benefited by Hydrocodone. It was noted he had less depression with Pristiq. He experienced vertigo and had occasional falls. Physical examination revealed there was a positive hypersensitivity of the skin of the left shoulder, limited range of motion of the left shoulder. Sensation was intact in major dermatomes of the upper and lower extremities of the exception of the left upper extremity. Sensation over the shoulder was about 50%, 75% in the arm and thumb. Medications included Propranolol ER 60 mg, Pristiq 50 mg, Sumavel, Topamax 25 mg, and Norco 10/325 mg. Diagnoses included status post fall, left shoulder injury, headaches, tinnitus, post head injury, sleep apnea not tolerating mask, and balance issues with fall and LOC. The request for authorization dated on 05/23/2014 was for baclofen 10 mg and Norco 10/325 mg and the rationale were for pain and muscle spasms for the injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants & Baclofen Page(s): 63-64.

Decision rationale: The requested is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The documentation submitted for review failed to indicate how long the injured worker has been taking Baclofen and out measurements while on the medication. In addition, the documents submitted failed to indicate the injured worker conservative outcome measurements such as physical therapy or long-term functional goals for the injured worker. The request failed to indicate frequency and duration of medication. Given the above, the request for Baclofen 10 mg # 60 is not medically necessary.

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The requested is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief. The provider failed to submit urine drug screen indicating opioids compliance for the injured worker. There was lack of documentation of long-term functional improvement for the injured worker. In addition, the request does not include the frequency or duration of medication. Given the above, the request for Norco 10/325 mg # 180 is not medically necessary.