

Case Number:	CM14-0103931		
Date Assigned:	07/30/2014	Date of Injury:	05/05/2000
Decision Date:	10/15/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/07/2014

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 Texas and Oklahoma. 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 44-year-old male who reported an injury on 05/05/2000. The mechanism of injury was not submitted for clinical review. The diagnoses included unspecified meningitis, neuralgia, neuritis, radiculitis, fibromyalgia/myositis, and arachnoiditis. Medication regimen included oxycodone, baclofen, Colace, Klonopin, and Soma. His treatments included medications. Within the clinical note dated 06/16/2014, it was reported the injured worker complained of pain. Within the clinical note dated 07/08/2014, it was reported the injured worker complained of pain. He noted the pain was located all over which was described to be intense and severe. On the physical examination, the provider noted the injured worker was alert and oriented and in no acute distress. The provider requested baclofen, Colace, Klonopin, Soma, and ketorolac. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #180 refill x1: Upheld

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

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

Decision rationale: The request for baclofen 10 mg #180 with 1 refill is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

Colace 100mg #90 refill x1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 77.

Decision rationale: The request for Colace 100 mg #90 with 1 refill is not medically necessary. The California MTUS Guidelines recommend prophylactic therapy for constipation while in the therapeutic phase of opioid therapy. The clinical documentation submitted did not indicate the injured worker was treated for constipation. Additionally, the clinical documentation submitted indicated the injured worker had not been utilizing his medications. Therefore, the request is not medically necessary.

Klonopin 1mg #60 refill x1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

Decision rationale: The request for Klonopin 1 mg #60 with 1 refill is not medically necessary. The California MTUS Guidelines do not recommend Klonopin for long term use due to the long term efficacy being unproven and there is a risk of dependence. The guidelines recommend the limited use of Klonopin of 4 weeks. The injured worker has been utilizing the medication since at least 07/2014, which exceeds the guidelines recommendation of short term use of 4 weeks. Additionally, there is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

Soma 350mg #120 refill x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

Decision rationale: The request for Soma 350 mg #120 with 1 refill is not medically necessary. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines do not recommend the medication to be used for longer than 2 to 3 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication since 07/2014, which exceeds the guideline recommendation of short term use of 2 to 3 weeks. Therefore, the request is not medically necessary.

Ketorolac 10mg #12 refill x1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 66-67.

Decision rationale: The request for ketorolac 10 mg #12 with 1 refill is not medically necessary. The California MTUS Guidelines recommend nonsteroidal anti-inflammatory drugs at the lowest dose for the shortest period of time. The guidelines note NSAIDs are recommended for the signs and symptoms of osteoarthritis. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.