

Case Number:	CM14-0106548		
Date Assigned:	09/16/2014	Date of Injury:	10/29/2008
Decision Date:	10/23/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/09/2014

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 records presented for review indicate that this 43 year-old female was reportedly injured on October 29, 2008. The mechanism of injury is noted as occurring from a fall with a rack of clothing subsequently falling onto the claimant. The most recent progress note, dated August 11, 2014, indicates that there were ongoing complaints of neck pain, bilateral arm numbness, and tingling. Previous treatment includes physical therapy, perfect knees and bilateral foraminotomies at C7, additional physical therapy, and oral medications. The claimant has also previously received Botox injections for the management of migraine headaches and an epidural steroid injection was recommended but not performed. Cervical fusion was also performed at C6-7. This operative intervention would provide transient relief. The claimant currently rates the pain as 9/10 without medications and 5/10 with medications. The claimant notes that Fiorinal is working better than Fioricet and denies any adverse reactions medication. The physical examination demonstrated diminished cervical range of motion, evidence of previous operative intervention about the cervical spine, and increased sensitivity to touch about the trapezius and cervical paraspinal muscles. Strength is diminished grossly in the right upper extremity, but normal in the left. Reflexes are normal. Sensation is decreased bilaterally over both the long and small fingers. No additional physical examination findings are provided. Diagnoses include chronic neck pain, status post fusion at C6-7, and cervical radiculitis. Diagnostic imaging studies objectified adjacent segment disease at C5-6 consisting of a disc osteophyte complex measuring approximately 3 mm causing mild spinal stenosis and mild left C5-6 foraminal stenosis. The clinician indicates that urine drug screens have recently been performed at the claimant is currently taking Norco. The clinician indicates that muscle relaxants are being utilized chronically. Tizanidine was previously recommended for non-certification and the clinician

recommend Baclofen. A request had been made for Baclofen and Fiorinal and was not certified in the pre-authorization process on July 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #120: 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 (for pain) Page(s): 63-64.

Decision rationale: The MTUS recommends against the use of muscle relaxants as a long-term treatment option, but notes that this class of medications may be an option for the short-term management of chronic back pain. Based on the clinical documentation provided, the claimant has complaints of chronic neck pain. There is no document of spasm on the examination. The clinician indicates that the claimant has chronically been utilizing muscle relaxants. Baclofen belongs to a class of muscle relaxants: anti-spasticity medications which are used to decrease spasticity condition such as cerebral palsy, multiple sclerosis, and spinal cord injuries. Given the injury is documented by the clinician as well as a chronic use of muscle relaxants, the requested Baclofen does not meet the criteria as outlined by the MTUS and is considered not medically necessary. That being said, abrupt cessation of this medication is not advisable, but the requested 120 tablets is considered not medically necessary.

Fiorinal 50/325/40 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Butalbital- Containing Analgesics (BCAs).

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

Decision rationale: The MTUS recommends against the use of this class of medication for individuals with chronic pain citing a potential for drug dependence and no evidence to show a clinically important enhancement of analgesic efficacy. Additionally, the MTUS indicates that there is a risk of medication overuse as well as rebound headache with this class of medications. The clinician provides a rationale for the continued use of this medication noting that the claimant has had a better response to the treatment of headaches with this medication when compared to Fioricet which is also a barbiturate containing analgesic. Based on the MTUS guidelines, the requested medication does not have a clear indication for continued use and is specifically recommended against for the reasons noted above. Exceptional factors warranting deviation from the guidelines have not been appreciated. The request would be considered not medically necessary as there is not a clear indication for continued use.

