

Case Number:	CM14-0012898		
Date Assigned:	02/24/2014	Date of Injury:	07/24/2006
Decision Date:	09/05/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	01/31/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic mid back pain reportedly associated with an industrial injury of July 24, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; earlier thoracic discectomy; transfer of care to and from various providers in various specialties; a TENS unit; unspecified amounts of acupuncture; and antispasmodic medications. In a Utilization Review Report dated January 28, 2014, the claims administrator failed to approve a request for tramadol and baclofen. The applicant's attorney subsequently appealed. In a handwritten note dated January 13, 2014, it was suggested that the applicant was permanent and stationary. 4/10 pain was reported. The note was handwritten and difficult to follow. There was reportedly no change in applicant's symptoms. The applicant was asked to continue the current plan comprising of tramadol and baclofen. It was stated that the applicant's pain was stable; however, the treating provider did not outline what (if any) functions have been ameliorated with ongoing medication usage. In an October 7, 2013 progress note, the applicant was described as having a recent flare in pain. The applicant stated that combination of acupuncture and medications were ameliorating her function. The applicant stated that she was using the medication in question rarely. It was suggested that the applicant was working and had developed a recent flare in pain while working. The applicant was described as working regular duty with no restrictions on this occasion, admittedly through usage of preprinted checkboxes. On July 1, 2013, the applicant reported that her mid back pain was fairly stable. The applicant was doing home exercises but did avoid provoking or precipitating activities, it was noted. The applicant reportedly quit smoking. Tramadol and baclofen were employed for as-needed-use purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg # 90 with twelve (12) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management topic Page(s): 78.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, ongoing management of applicants using opioids includes ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include average pain scores and quantification of analgesia, per page 78 of the MTUS Chronic Pain Medical Treatment Guidelines. In this case, the attending provider's documentation of the applicant's analgesia and ongoing improvements in function with tramadol usage have, at best, been incompletely described and incompletely detailed. The 12-refill supply of tramadol proposed does not conform to MTUS parameters in the sense that it does not make provisions for "ongoing review and documentation" of pain relief, functional status, presence or absence of side effects, etc. Therefore, the request is not medically necessary.

Baclofen 5mg #30 with twelve (12) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ ANTISPASMODIC DRUGS Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen section Page(s): 64, 7.

Decision rationale: While page 64 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries and further notes that baclofen can be employed off label for neuropathic pain, as may be present here, this recommendation is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy, presence or absence of side effects, etc. into his choice of recommendations. In this case, the 12-refill supply of baclofen, by implication, would not allow for any interval reassessment of the applicant to ensure ongoing efficacy, presence or absence of adverse effects, presence or absence of interactions with other medications, etc. Therefore, the request is not medically necessary.