

Case Number:	CM14-0019273		
Date Assigned:	04/21/2014	Date of Injury:	07/02/2004
Decision Date:	07/25/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/14/2014

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, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 59-year-old male with a 7/2/04 date of injury. At the time of the request for authorization for Baclofen, Xanax and Norco, there is documentation of subjective and objective findings. Current diagnoses are lumbago, postlaminectomy syndrome of lumbar region, testicular hypofunction not elsewhere classified, compression fracture vertebral, depression with anxiety, other genetic screening, low back pain, status post revision decompression and fusion L4-S1 on 5/14/09, post laminectomy syndrome, hypotestosterone, thoracic compression fracture, surgically repaired, and anxiety disorder). Treatment to date (medication including Baclofen, Xanax, and Norco for at least 4 months). In addition, there is documentation of no untoward side effects from the medications and the medications allow him to perform his ADLs. Regarding Baclofen, there is no documentation of the intention to treat over a short course (less than two weeks). Regarding Xanax, there is no documentation of the intention to treat over a short course (less than four weeks). Regarding Norco, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of functional status, appropriate medication use, and side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

BACLOFEN 10MG CAPSULES - QUANTITY: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS ODG Pain, Muscle relaxants (for pain).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of lumbago, postlaminectomy syndrome of lumbar region, testicular hypofunction not elsewhere classified, compression fracture vertebral, depression with anxiety, other genetic screening, low back pain, status post revision decompression and fusion L4-S1 on 5/14/09, post laminectomy syndrome, hypotestosterone, thoracic compression fracture, surgically repaired, and anxiety disorder. In addition, there is documentation of treatment with Baclofen for at least 4 months and an increase in activity tolerance with use of Baclofen. However, given documentation of records reflecting prescriptions for Baclofen since at least 10/9/13, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Baclofen is not medically necessary.

XANAX 2MG TABLETS - QUANTITY 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24, 66.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbago, postlaminectomy syndrome of lumbar region, testicular hypofunction not elsewhere classified, compression fracture vertebral, depression with anxiety, other genetic screening, low back pain, status post revision decompression and fusion L4-S1 on 5/14/09, post laminectomy syndrome, hypotestosterone, thoracic compression fracture, surgically repaired, and anxiety disorder. In addition, there is documentation of an increase in activity tolerance with use of

Xanax. However, given documentation of records reflecting prescriptions for Xanax since at least 10/9/13, there is no documentation of the intention to treat over a short course (less than four weeks). Therefore, based on guidelines and a review of the evidence, the request for Xanax is not medically necessary.

Norco 10mg/325mg Tablets - Quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates For Chronic Back Pain, Opioids Page(s): 80, 81, 90, 95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbago, postlaminectomy syndrome of lumbar region, testicular hypofunction not elsewhere classified, compression fracture vertebral, depression with anxiety, other genetic screening, low back pain, status post revision decompression and fusion L4-S1 on 5/14/09, post laminectomy syndrome, hypotestosterone, thoracic compression fracture, surgically repaired, and anxiety disorder. In addition, there is documentation of an increase in activity tolerance with use of Norco. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Norco is not medically necessary.