

Case Number:	CM14-0116155		
Date Assigned:	08/04/2014	Date of Injury:	03/27/2014
Decision Date:	09/10/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/24/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 31 year old male with date of injury 3/27/2014. The mechanism of injury is described as picking up an object and hurting his back when standing up. The patient has complained of lower back pain since the date of injury. He has been treated with physical therapy and medications. MRI of the lumbar spine performed in 04/2014 revealed disc disease with mild to moderate central canal narrowing at L3-4 and moderate canal narrowing at L4-5 as well as foraminal stenosis at multiple levels. Objective: antalgic gait, decreased and painful range of motion of the lumbar spine, positive straight leg raise on the left, tenderness of the sciatic notch on the left, trace weakness of the extensor hallucis longus on the left. Diagnoses: lumbar spine disc disease, lumbar spine stenosis, lumbar spine radiculopathy. Treatment plan and request: Baclofen, Hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg with (1) refill: 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, pages 63-64 Page(s): 63-64.

Decision rationale: This 31 year old male patient has complained of lower back pain since date of injury 3/27/14. He has been treated with physical therapy and medications to include Baclofen since at least 04/2014. Per the MTUS guideline cited above, non-sedating muscle relaxants are recommended with caution as a second line option for the short term (2-4 week) treatment of acute exacerbations in patients with chronic lower back pain. The recommended duration of use has been exceeded in this patient. On the basis of the MTUS guidelines, Baclofen is not indicated as medically necessary in this patient.

Hydrocodonebit/APAP 10/325mg #30ms #90 with (1) refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, pages 76-85, 88-89 Page(s): 76-85, 88-89.

Decision rationale: This 31 year old male patient has complained of lower back pain since date of injury 3/27/14. He has been treated with physical therapy and medications to include opioids since at least 04/2014. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Hydrocodone/APAP is not indicated as medically necessary.