

Case Number:	CM14-0122096		
Date Assigned:	08/06/2014	Date of Injury:	01/18/1993
Decision Date:	09/15/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/04/2014

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 & Rehabilitation 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 injured worker is a 46-year-old male who reported a twisting injury on 01/18/1993. On 05/01/2014, his diagnoses included myofascial pain syndrome, lumbar radiculopathy, lumbar facet arthropathy, and lumbar degenerative disc disease. His medications included Vicodin 5/30 mg, baclofen 10 mg, Naprosyn 500 mg, Glucophage 500 mg, Wellbutrin 75 mg, Klonopin 1 mg, Latuda 20 mg, aspirin 81 mg, and Remeron of an unknown dosage. There was no Request for Authorization or rationale included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 #90: Upheld

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

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

Decision rationale: The request for Norco 5/325 #90 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use, including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain, intensity of pain before and after taking the opioid, how long it takes for pain relief, and

how long the pain relief lasts. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Opioids should be continued if the injured worker has returned to work or has improved functioning and decreased pain. For chronic back pain, opioids appear to be efficacious, but limited to short-term pain relief. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants, and/or anticonvulsants. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to, but not substituted for, the less efficacious drugs. Long-term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long-term monitoring evaluations, including psychosocial assessment, side effects, failed trials of NSAIDs, antidepressants or anticonvulsants, quantified efficacy, drug screens, or collateral contacts. Additionally, there was an incorrect dosage, and no frequency of administration specified in the request. Therefore, this request for Norco 5/325 #900 is not medically necessary.

Badofen 10mg #60 with 3 refills: 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): 63-66.

Decision rationale: The request for baclofen 10 mg #60 with 3 refills is not medically necessary. The California MTUS Guidelines recommend that muscle relaxants be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain cases, they show no benefit beyond NSAIDs, and no additional benefit when used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Baclofen is recommended for the treatment of spasticity and muscle spasms related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating non-sedating, paroxysmal, neuropathic pain. The documentation submitted does not identify spasticity, and there was no documentation of significant functional/vocational benefit with the use of baclofen. This worker has been using baclofen, per the documentation, since 05/01/2014. There was no documentation of him having an acute exacerbation of low back pain. Decisions are based on evidence-based criteria. Muscle relaxants are supported only for short-term use. Chronic use would not be supported by the guidelines. Additionally, the request did not contain frequency of administration. Therefore, this request for baclofen 10 mg #60 with 3 refills is not medically necessary.

4 follow up visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.

Decision rationale: The request for 4 follow up visits is not medically necessary. California ACOEM Guidelines suggest that under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment, and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously select and refer to specialists who will support functional recovery, as well as provide expert medical recommendations. This worker was being compliant with his medication, and there was no evidence of exacerbations of pain or functional deficits. There was no rationale or justification for the requested visits. Additionally, there was no timeframe specified nor medical specialty specified. Therefore, this request for 4 follow up visits is not medically necessary.