

Case Number:	CM14-0155041		
Date Assigned:	09/25/2014	Date of Injury:	03/07/2012
Decision Date:	12/04/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/22/2014

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 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:

This injured worker is a 51 year old male with a reported date of injury 03/07/2012. The mechanism of injury was not stated. His diagnoses included status post laminectomy, decompression, discectomy and foraminotomy fusion in 09/2013. His past treatment was not indicated within the documentation. Diagnostic studies included an MRI of lumbar spine which was performed on 07/21/2014. He presented on 09/04/2014 with complaints of continued low back pain. No objective physical exam findings were documented. The injured worker's medication regimen was not indicated. The treatment plan was not included in the documentation. The requests were for Baclofen 10mg #60, Motrin 800mg #60 and Norco 5/325 #60 with no rationale submitted. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The request for Baclofen 10mg #60 is not medically necessary. The California MTUS guidelines recommend muscle relaxants, such as Baclofen, be used with caution and as a second-line option for short term exacerbations of chronic low back pain. The guidelines state the efficacy diminishes over time and prolonged use may lead to dependency. Baclofen is recommended for the treatment of spasticity and muscle spasms related to spinal cord injury or multiple sclerosis. The injured worker presented with complaints of continued low back pain. There is a lack of documentation as to the injured worker's duration of use of Baclofen or his symptom relief. There is no evidence to support that the injured worker has significant muscle spasms related to spinal cord injury or multiple sclerosis. The request did not specify frequency of the medication. As such, the request for Baclofen 10mg #60 is not medically necessary.

Motrin 800mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68 & 72..

Decision rationale: The request for Motrin 800mg #60 is not medically necessary. the use of NSAIDs for patients with osteoarthritis (including knee and hip) and patients with acute exacerbations of chronic low back pain. The guidelines recommended NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. In patients with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. The guidelines recommend the higher dosage of Motrin be used for the treatment of osteoarthritis and rheumatoid arthritis. The injured worker presented with complaints of continued low back pain. There is a lack of documentation as to the efficacy of the Motrin, the duration of time prescribed Motrin and the injured worker's response to the medication. A recent clinical note was not submitted to support sufficient improvement in the injured worker's his function that would offset the potential risks of the higher dosage. The request did not specify frequency of the medication. As such, the request for Motrin 800ng #60 is not medically necessary.

Norco 5/325 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Opioids, criteria for use On-Going Management Page(s): 78.

Decision rationale: The request for Norco 5/325 #60 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief,

functional status, appropriate medication use, and side effects in order to warrant ongoing use of opioid medications. The injured worker presented with complaints of continued low back pain. The most recent clinical note failed to document evidence of quantifiable pain relief and objective functional improvement with the use of Norco. Therefore, it cannot be determined that the patient would benefit significantly from ongoing use of this medication. The clinical records also failed to provide a recent urine drug screen to monitor for appropriate medication use. As submitted the request failed to address the frequency of the medication. As such, the request for Norco 5/325 #60 is not medically necessary.