

Case Number:	CM14-0170077		
Date Assigned:	10/20/2014	Date of Injury:	07/20/2000
Decision Date:	11/20/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/15/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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 claimant is status post work injury occurring on 07/20/00 when, while walking and carrying a pressure hose she tripped over a manhole cover with injuries to her ankles. Treatments included physical therapy, injections, and bilateral ankle and right knee surgery. She has not returned to work. She was seen on 03/20/14. She was having ongoing chronic pain in the ankles, low back, lower legs, and over the shins. Medications were working. Pain was rated at 6/10 before and 3/10 before taking medications. There would be improvement after 15-30 minutes lasting up to 3-4 hours. Medications were Suboxone, baclofen, Motrin, gabapentin, and Toradol. She was not having any medication side effects. Physical examination findings included full ankle range of motion without pain. Medications were refilled. On 05/19/14 she was having low back and right knee pain. Pain was rated at 7/10 before and 3/10 after taking medications. Physical examination findings are reported as unchanged. On 09/19/14 she was having moderate to severe bilateral ankle pain. Pain was rated at 3/10. Medications are reported as allowing the claimant to work/volunteer and perform normal daily activities. Baclofen 20 mg #30, ibuprofen 800 mg #30, ketorolac 10 mg #30, topiramate 25 mg #30, and Suboxone 8/2 mg #60 were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription Baclofen 20mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen (Lioresal, generic available).

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

Decision rationale: The claimant is more than 14 years status post work-related injury and has undergone multiple lower extremity surgeries. She continues to be treated for chronic ankle pain. She has not returned to work but does participate in volunteer activities. Oral baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries and is used off-label in the treatment of trigeminal neuralgia. A non-sedating muscle relaxant is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no identified new injury or acute exacerbation and baclofen has been prescribed on a long-term basis. It is therefore not medically necessary.

1 prescription Ketoralac Tromethamine 10mg , #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 73.

Decision rationale: The claimant is more than 14 years status post work-related injury and has undergone multiple lower extremity surgeries. She continues to be treated for chronic ankle pain. She has not returned to work but does participate in volunteer activities. Oral NSAIDS (nonsteroidal antiinflammatory medications) are recommended for treatment of chronic persistent pain. Ketoralac, however, is not indicated for minor or chronic painful conditions and in this case there are other non-steroidal anti-inflammatory medications available for treating claimant's condition. Therefore the requested Ketoralac is not medically necessary.