

Case Number:	CM14-0182057		
Date Assigned:	11/06/2014	Date of Injury:	02/25/2008
Decision Date:	12/11/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/03/2014

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; has a subspecialty in Pain Medicine 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 is a female patient with the date of injury of February 25, 2008. A utilization review determination dated October 21, 2014 recommends non-certification of Norco 10-325 mg #120 with modification to #54 for weaning purposes, and baclofen 10 mg #60 with modification to #10 for weaning purposes. A progress note dated October 7, 2014 identifies subjective complaints of H-wave unit reducing severity of pain. Baclofen 20 mg was prescribed to reduce muscle spasms that have increased recently with activity. Carrying books to her classes is easier with less pain. Norco 10-325 mg one tablet four times a day continues to reduce pain. Miralax and Docusate 250 mg daily continues to control constipation aggravated by opiate analgesic medication intake. Activities of daily living continue to be limited by her chronic pain. Physical examination identifies limited cervical spine range of motion due to pain and moderate muscle spasms on the left and mild to moderate on the right, positive twitch response, and taut bands. There is tenderness at the posterior thoracic spine, T5-T11 muscle spasm pains. Sensation remained reduced at the right anterior abdomen in the lower thoracic dermatomal distribution. The diagnoses include cervical strain with radiculopathic findings in arms, RSD of right forearm laceration over the median nerve, thoracic inter vertebral disc herniations with radicular pain and hypoalgesia, mild thoracic sensory thoracic radiculopathy with cutaneous loss of sensation in the thoracic dermatomal distributions associated with thoracic intervertebral herniations, muscle spasm in the paravertebral regions associated with thoracic intervertebral disc herniations, severe anxiety and depression aggravated by chronic pain aggravated by industrial injury under better control with antidepressant medication, lumbar sacral strain, opiate pain management with hydrocodone and Nucynta, sleep dysfunction associated with chronic pain, and opiate taper. The treatment plan recommends continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen) 10-325mg #120, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), and there are contradictory reports regarding functional improvement. As such, the currently requested Norco (hydrocodone/acetaminophen) 10-325mg #120 is not medically necessary.

Baclofen 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for Baclofen 10mg #60, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Baclofen specifically is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Within the documentation available for review, there is no identification of a specific analgesic benefit as a result of the Baclofen. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Baclofen 10mg #60 is not medically necessary.