

Case Number:	CM14-0026470		
Date Assigned:	06/13/2014	Date of Injury:	05/13/1998
Decision Date:	07/28/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/03/2014

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 Orthopedic Surgery 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 38-year-old male injured on May 13, 1998. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated February 6, 2014, indicates that there are ongoing complaints of low back pain radiating to the lower extremities. The physical examination demonstrated tenderness of the lower lumbar spine on the right side with decreased lumbar range of motion. There was a positive straight leg raise bilaterally, absent knee reflexes, and decreased sensation diffusely over the bilateral lower extremities. Atrophy of the quadriceps was noted as well as allodynia in the lateral aspect of the thigh and calf. Medications refilled included Anaprox, Norco, Baclofen, Prilosec, Ambien, and Medrox. Home healthcare was also recommended. Previous treatment includes oral medications, physical therapy, and a spinal cord stimulator. A request was made for Norco, Baclofen, Restoril, Ambien, Medrox, and home healthcare and was not certified in the pre-authorization process on February 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/ 325 MG. # 90 + 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 88 of 127.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, continued use of an opioid medication such as Norco be justified by an objective measure of its pain relief, increased level of function, ability to return to work, and ability to perform activities of daily living. This information is not documented in the attached medical record. Therefore this request for Norco is not medically necessary.

BACLOFEN 10 MG. # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 63 of 127.

Decision rationale: Baclofen is a muscle relaxant indicated for short-term use of acute exacerbations of low back pain. Not only is there no documentation that the injured employees having acute exacerbations or muscle spasms but a prescription for 90 tablets does not indicate episodic short-term usage. Based on the Chronic Pain Medical Treatment Guidelines, this request for Baclofen is not medically necessary.

RESTORIL 30 MG. # 30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Updated July 10, 2014.

Decision rationale: Restoril is a sleep aid intended for short-term usage for insomnia. The most recent note of the attached medical record does not state that the injured employees having insomnia or any difficulty sleeping secondary to the compensable injuries. This request for Restoril is not medically necessary.

AMBIEN 10 MG. # 15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Updated July 10, 2014.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, continued use of an opioid medication such as Norco be justified by an objective measure of its pain relief, increased level of function, ability to return to work, and ability to perform activities of daily living. This information is not documented in the attached medical record. Therefore this request for Norco is not medically necessary.

MEDROX: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 111 of 127.

Decision rationale: Medrox is a compounded medication consisting of methyl salicylate, menthol, and capsaicin. The Chronic Pain Medical Treatment Guidelines does not support the use of topical medications containing NSAIDs, lidocaine, or capsaicin. The Chronic Pain Medical Treatment Guidelines also state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and there are no long term studies that shows effectiveness or safety. This request for Medrox is not medically necessary.

HOME HEALTH CARE 10 HRS/ DAY, 7 DAYS A WEEK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Page(s): 51.

Decision rationale: According to Chronic Pain Medical Treatment Guidelines the injured employee should be homebound on at least a part-time basis up to 35 hours per week to qualify for home health services. There is no documentation in the attached medical record that the injured employees homebound and requires at home medical assistance. For these reasons, home healthcare is not medically necessary.