MAXIMUS Federal Services

Case Number:	CM14-0031585		
Date Assigned:	06/20/2014	Date of Injury:	10/23/2006
Decision Date:	10/02/2014	UR Denial Date:	02/15/2014
Priority:	Standard	Application Received:	03/12/2014

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 30-year-old male who sustained an injury on 10/23/06. Report dated 1/30/14, indicates that his left shoulder pain increases with reaching or sustained activity, intermittent paresthesias radiates into the left upper extremity with neck with activity, neck pain that persists and associated with radiating paresthesias to left upper extremity; pain was rated at 5-8/10. The pain severity has decreased with Exalgo, sleep has improved with a longer acting pain opiate and medications reduce his pain by over 50%. He is on Baclofen 20 mg to mitigate muscle spasms and it has reportedly quieted symptoms by over 50%. Objective findings include Epworth Score of 4. Cervical flexion produces thoracic pain and tenderness to palpation. Left shoulder pain inhibited strength is 4/5 on the left. Left shoulder flexion and abduction with significant pain in left posterior shoulder, tenderness to palpation. Diagnoses: Thoracic intervertebral disc extrusions at T6-T7 and T7 -T8 and cord impingement with mild myelopathic symptoms of left foot tingling, cervical degenerative changes with persistent neck pain and headaches, thoracic rib dysfunction, pain with thoracic radiculopathy symptoms, left shoulder alkalosis due to thoracic myofascial tension, resolving, left upper extremity paresthesias, numbness and weakness in C8 distribution, depression and anxiety related to chronic pain mild to moderate, erectile dysfunction sleep disorder related to chronic pain, sensitivity to Cymbalta, chronic severe pain, left shoulder Bankart lesion and repeated (anterior) shoulder dislocation.The request for Exalgo 8 mg #15 is certified with modification to 1 prescription of Exalgo 8 mg #8 and non-certification of the remaining #7 and Baclofen 20 mg #90 is non- certified due to lack of medical necessity on 05/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Prescription Baclofen 20 MG Quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chronic

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 64.

Decision rationale: Per MTUS Chronic Pain guidelines, the mechanism of action of baclofen is blockade of the pre- and post-synaptic GABA receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia, non-FDA approved). In this case, there is no diagnosis of multiple sclerosis or spinal cord injuries. Furthermore, there is no documentation of trial and failure of firs line therapy and other muscle relaxants. Nonetheless long term use of muscle relaxants is not recommended. The request is therefore considered not medically necessary according to guidelines.

Exalgo 8 MG Quantity 15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chronic

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

Decision rationale: Exalgo is extended-release Hydromorphone used in the chronic pain when continuous around the clock pain management is required. Per CA MTUS Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, there is documentation of significant improvement in pain level by 50% and improvement in sleep with medication use. However, it has not been specified as to which medications improved his pain. Furthermore, there is no evidence of urine drug test in order to monitor compliance. Additionally, the request was previously modified to # 8 tablets. The medical documents do not support continuation of opioid pain management. Therefore, the medical necessity of request for Exalgo has not been established based on guidelines and lack of documentation.