

Case Number:	CM14-0032884		
Date Assigned:	06/20/2014	Date of Injury:	10/28/2004
Decision Date:	07/23/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/14/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 57-year-old female with a October 29, 2004 date of injury. At the time of the request for authorization for Baclofen 10mg #60 and Prilosec 20mg #60 (on February 10, 2014), there is documentation of subjective (pain in her neck more so on the left side with left upper extremity radiculopathy) and objective (moderate tenderness to palpation over the C4-5, C5-6, and C6-7; muscular guarding over the bilateral upper trapezius region; range of motion of the cervical spine between 70 to 80% of the normal range) findings, current diagnoses (cervical fusion with failed neck syndrome, bilateral cervical radiculopathy, new onset of tension headache, status post permanent implantation of the spinal cord stimulator system, and severe gastritis from chronic medications), and treatment to date (medication including Baclofen for at least 4 months). Regarding Baclofen 10mg #60, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Baclofen; and the intention to treat over a short course (less than two weeks).

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: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of cervical fusion with failed neck syndrome, bilateral cervical radiculopathy, new onset of tension headache, status post permanent implantation of the spinal cord stimulator system, and severe gastritis from chronic medications. In addition, there is documentation of treatment with Baclofen for at least 4 months. However there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Baclofen. Furthermore, given documentation of records reflecting prescriptions for Baclofen since at least October 4, 2013, there is no documentation of the intention to treat over a short course (less than two weeks). The request for Baclofen 10mg, sixty count, is not medically necessary or appropriate.

Prilosec 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA (acetylsalicylic acid), corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of cervical fusion with failed neck syndrome, bilateral cervical radiculopathy, new onset of tension headache, status post permanent implantation of the spinal cord stimulator system, and severe gastritis from chronic medications. The request for Prilosec 20mg, sixty count, is medically necessary and appropriate.