MAXIMUS Federal Services

Case Number:	CM14-0032954		
Date Assigned:	06/20/2014	Date of Injury:	11/24/2004
Decision Date:	10/06/2014	UR Denial Date:	03/10/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 61 year old female who had a work related injury on 11/24/2004. She was the restrained driver of her boxed truck. She states that after stopping, she started going forward and another vehicle cut in front of her. In order to avoid that vehicle she slammed on the brakes with both feet. She states that she was able to avoid impact with the other vehicle. Nevertheless, she had immediate pain in multiple areas of her body including both shoulders. Since that time she has undergone medical evaluation. She does state that x-rays were taken in the beginning. No fractures or arthritis has been seen. Over the years she has been treated with medications. She has received massage, heat treatments, and acupuncture. She insists that she has never received an exercise program for her shoulders. Most recent medical record submitted for review is dated 04/15/14. She was last seen on 02/04/14. She has not had medication for approximately one week. Medications include Norco, Baclofen and Celexa. She has been on Mobic in the past. Major pain in the neck. She is having increased headaches. Bouncing in a car increases pain in the neck. She has problems with carpal tunnel. Surgery on the right thumb in the past. Physical examination notes the injured worker is alert and conversant with no negative effect of her medications noted. Splints on the wrists bilaterally; Ongoing tenderness in the cervical soft tissues; Neck range of motion is limited; Tender over the apex at C3 as well; No change in gait or posture; Marked tendon tenderness in the left anterior shoulder. Diagnoses are cervical pain, shoulder pain, and headache. Prior utilization review on 03/10/14 was modified to initiate taper. Current request is for Norco 10/325 mg for 150 with one refill, Baclofen 20 mg #90 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg for 150 with one refill.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented VAS pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics. Therefore, this request is not medically necessary.

Baclofen 20mg #90 with one refill: Upheld

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

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

Decision rationale: As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, this request is not medically necessary.