MAXIMUS Federal Services

Case Number:	CM14-0034197		
Date Assigned:	06/20/2014	Date of Injury:	11/10/2006
Decision Date:	07/24/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/19/2014

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 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 patient is a 61 year old male who was injured on 11/10/2006. The mechanism of injury is unknown. Prior medication history included Baclofen, Mobic, and Norco. The patient was treated conservatively with physical therapy and steroid injections. Progress report dated 02/11/2014 indicated the patient complained of neck, back and extremity pain. He states the medications help him remain functional and help to control his neck and back pain. He stated his pain was aching and shooting in nature. On exam, the cervical spine is tender and palpable twitch is positive for trigger points in the muscles of the head and neck. Anterior flexion is full at 60 degrees. There is no pain with anterior neck flexion. Extension of the cervical spine is noted to be full at 75 degrees. The lumbar spine reveals no scoliosis. There is pain over the lumbar intervertebral spaces on palpation. Palpation of the bilateral sacroiliac joint area reveals right and left sided pain. Palpable twitch positive trigger points noted in the lumbar paraspinous muscles. Anterior flexion of the lumbar spine is noted to be 60 degrees. Diagnoses are radiculopathy, unspecified neuralgia neuritis and radiculitis, and cervical radiculopathy. The patient was recommended acupuncture therapy. Prior utilization review dated 03/10/2014 states the request for Baclofen 10 mg 1 tab 3 times a day prn for 30 days #90 and Mobic 15 mg 1 tablet once a day for 30 days count #30 is not authorized as these medications are recommended for short term relief, not to be treated for chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg 1 Tab three times a day PRN for 30 days Count #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back pain, muscle relaxant, Baclofen.

Decision rationale: According to the CA MTUS guidelines, Baclofen is an antispasmodic agent which is approved for the management of spasticity with central origin, i.e. in MS (Multiple Sclerosis) or spinal cord injury. However, it's efficacy in the management of LBP (Low Back Pain) is unproven and is unlabeled. . Furthermore, there is no documentation of spasm in the patient. There is no evidence of any significant improvement in pain or function in this patient, as it's not clear what medication(s) helped him with prior use. Therefore, the request for Baclofen 10mg #90 is not medically necessary and appropriate.

Mobic 15 mg 1 tablet once a day for 30 days count #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain medical treatment Page(s): 99.

Decision rationale: According to the CA MTUS guidelines, NSAIDs are recommended in LBP as an option for short term symptomatic relief and there is no evidence of long-term effectiveness for pain or function. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. There is no evidence of any significant improvement in pain or function, in this patient as it's not clear what medication(s) helped him with prior use. Therefore, the request for Mobic 15 mg #30 is not medically necessary and appropriate.