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| Case Number: | CM14-0034325 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 02/02/2009 |
| Decision Date: | 07/22/2014 | UR Denial Date: | 03/10/2014 |
| 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 29-year-old male who sustained an injury on 02/02/2009. The injury happened when he fell off his forklift from a height of about 8 to 10 feet and a sofa fell on top of him. On 06/03/2014, the injured worker presented with left leg pain, left ankle pain, and neck and low back pain. Prior treatment included medication such as Zoloft, Xanax, Percocet, carbamazepine, and baclofen. Prior therapy included surgery and physical therapy. Diagnoses were chronic pain syndrome, low back pain, neck pain, pain in the joint involving the lower leg, and pain in the joint involving the ankle and foot. Examination of the left leg and ankle was limited due to a cast and the provider recommended baclofen, Percocet, and Xanax; however, the provider did note that the Xanax prescription was recommended by a psychiatrist and the Percocet was recommended to be discontinued. The request for authorization form was not provided in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20 mg 3 times per day: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a secondary option for short-term pain treatment of acute exacerbations. They show no benefit beyond NSAIDs in pain in overall improvement and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. The injured worker has been prescribed baclofen since at least 04/17/2012, the efficacy of the medication was not provided. The guidelines state that the use of these medications may lead to dependence and short-term treatment is recommended, so continued use of this medication would exceed the guideline recommendation. The provider's rationale was not provided. The provider's request did not indicate the quantity of baclofen requested. As such, the request is non-certified.

Percocet 10/325 mg every 4 hours: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review of documentation of pain relief, functional status, appropriate medication use and side effects should be evident. The provider did state that there has been no objective evidence of efficacy related to opioid medication and has been off Percocet for about 4 days at the time of the examination without signs and symptoms of withdrawal and recommended the discontinued use of Percocet. Additionally, the provider's request did not include the quantity of medication being requested. As such, the request is non-certified.

Xanax 0.5mg daily: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazapines Page(s): 24.

Decision rationale: The California MTUS Guidelines do not recommend the use of benzodiazepine for long-term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limited the use to 4 weeks. Appropriate treatment for anxiety disorder is an antidepressant, tolerance to anticonvulsants and muscle relaxants effects occur within weeks. The injured worker was prescribed Xanax for anxiety through an emergency room doctor. The first dose of the medication was dated 06/03/2014. He is also said to have been prescribed Xanax and Zoloft by a psychiatrist. The efficacy of the medication was not provided.

The provider's request did not indicate quantity or specified frequency of the medication. As such, the request is non-certified.