

Case Number:	CM14-0037550		
Date Assigned:	06/25/2014	Date of Injury:	02/11/2010
Decision Date:	07/29/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/28/2014

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial lifting injury of February 11, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; antispasmodic medications; transfer of care to and from various providers in various specialties; opioid therapy; trigger point injections; biofeedback; and earlier right knee, right elbow, and neck surgeries. In a Utilization Review Report dated March 28, 2014, the claims administrator denied request for baclofen and Norco. The claims administrator did not, however, incorporate cited MTUS Guidelines into its rationale. The applicant's attorney subsequently appealed. In progress note dated February 4, 2014, the applicant was described as having persistent complaints of neck pain, chronic. The applicant was in the process of receiving biofeedback. The applicant was on Flonase, Synalar, Zyrtec, Sudafed, estrogen, Zocor, Mobic, Ativan, baclofen, and Norco, it was stated. The applicant was asked to consider cervical facet blocks. Baclofen and Norco were refilled. The applicant's work status was not furnished. On January 8, 2014, the applicant was again described as having persistent complaints of neck pain. The applicant was having anxiety attacks for which she was using Ativan, it was suggested. Lorazepam and baclofen were both refilled at that point. In a primary treating physician report dated December 16, 2013, it was suggested that the applicant had permanent limitations in place via an agreed medical evaluator and was not, in fact, working. In a medical-legal evaluation of April 18, 2013, it was stated that the applicant was currently off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 1. MTUS page 63, Baclofen section.2. MTUS page 7.3. MTUS 9792.20f Page(s): 63; 7.

Decision rationale: While page 64 of the MTUS Chronic Pain Medical Treatment Guidelines notes that baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries and can, moreover, be employed off label for paroxysmal neuropathic pain, in this case, however, there is no evidence of muscle spasm associated with spinal cord injury and/or multiple sclerosis for which ongoing usage of baclofen would be indicated. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant has failed to diminish reliance on other forms of medical treatment as a result of ongoing baclofen usage. The applicant has seemingly failed to return to work with permanent limitations issued by an agreed evaluator in place. All of the above taken together, suggest that the applicant has failed to derive any lasting benefit or functional improvement as defined by the parameters established in MTUS 9792.20f through ongoing baclofen usage. Therefore, the request is not medically necessary.

Norco 7.5/352 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 80, When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is seemingly off of work. There is no evidence of any improvements in pain or function achieved as a result of ongoing Norco usage. The applicant is seemingly limited and constrained in terms of performance of even basic activities of daily living, it appears, owing to a combination of pain complaints and depression symptoms. Therefore, the request is not medically necessary.