

Case Number:	CM14-0037945		
Date Assigned:	06/25/2014	Date of Injury:	03/13/2012
Decision Date:	07/29/2014	UR Denial Date:	03/12/2014
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 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 male who sustained an injury on 3/13/12. No specific mechanism of injury was noted. The injured worker has been followed for complaints of left sided neck pain which was being managed by multiple medications to include Norco, Baclofen, Cymbalta, and Remeron. The injured worker had multiple cervical rhizotomy procedures performed at the left C4 through C5 nerves in December of 2013 which provided a significant amount of relief in terms of neck pain. This did allow the injured worker to reduce the rate of Norco from 6 to 4 tablets per day. The injured worker had been able to perform some activities of daily living following radiofrequency ablation procedures but had not been able to return to work. As of 2/13/14, the injured worker had an increasing amount of pain returning due to the lack of a Cymbalta prescription. The injured worker was also utilizing Remeron 15mg daily, Baclofen 20mg 1-2 tablets per day, and Norco 10/325mg 4 times per day. Physical examination noted full range of motion of the cervical spine with intact strength in the upper and lower extremities. The injured worker did feel that he was having improvements with the use of Cymbalta in regards to myofascial pain and chronic symptoms. The injured worker also reported benefits from Cymbalta due to mood improvement. The injured worker did feel that he was able to stop Baclofen; however, this was only with the use of Cymbalta. Both Norco and Baclofen were continued at this visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request for Norco 10/325mg # 120 DOS:2/13/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

Decision rationale: The injured worker reduced Norco from 6 to 4 times per day following facet rhizotomy procedures in the cervical spine completed in December of 2013. However, the clinical reports provided for review did not identify any specific functional benefit or pain reduction obtained with the continued use of Norco. Per guidelines, Norco is a short acting narcotic that can be considered in the treatment of moderate to severe musculoskeletal pain. Guidelines recommend that there be ongoing assessments regarding functional benefit and pain reduction obtained with the use of Norco that would support its ongoing use. Documentation through 2/13/14 did not identify any specific benefits obtained with the use of Norco other than generalized pain relief. It is unclear what amount of pain relief had been obtained with the use of Norco following facet rhizotomy procedures completed in December of 2013. Furthermore, there was no documentation regarding compliance testing such as urine toxicology screens as recommended by guidelines. Therefore, the request is not medically necessary.

Retrospective request for Baclofen 20mg #60 DOS:2/13/14: Overturned

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 Page(s): 63-67.

Decision rationale: The injured worker was not being provided Cymbalta although this was beneficial for the injured worker's chronic pain per the clinical documentation. The injured worker was substituting Baclofen for musculoskeletal pain relief until Cymbalta was restarted. The injured worker did indicate he would have been able to discontinue Baclofen had Cymbalta been approved. Given the interval benefit obtained with the use of Baclofen pending further approval for Cymbalta which was also beneficial for the injured worker, the request cannot be recommended as medically necessary.