

Case Number:	CM14-0053297		
Date Assigned:	07/07/2014	Date of Injury:	03/01/2005
Decision Date:	08/06/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/21/2014

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 Internal Medicine, has a subspecialty in Hospice & Palliative Medicine (HPM) and is licensed to practice in Pennsylvania. 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 62-year-old woman with a date of injury of 03/01/2005. The submitted and reviewed documentation did not identify the mechanism of injury. Office notes by [REDACTED] dated 01/08/2014 and 02/17/2014 and an initial physical therapy evaluation by [REDACTED] dated 02/24/2014 described the worker was experiencing neck and back pain that went into both shoulders and the upper arm. Quantitative patient intensity scores were reported as being six to eight on a 10-point scale. The documentation indicated the pain intensity was decreased with the pain medications, although specific improvements were not recorded. Documented examinations consistently described decreased motion in the neck and shoulder joints, a positive shoulder impingement sign, tenderness in the cervical region, and a straightening of the normal cervical curve; [REDACTED] note dated 01/08/2014 also described tenderness in both shoulders. The submitted and reviewed documentation concluded the worker was suffering from neck pain, adjustment disorder, and depression. Pain medications included Etodolac, Baclofen, Gabapentin, and Hydrocodone; Lidocaine patches were added at the 01/08/2014 visit. Prior treatments had included surgery to the cervical spine and chiropractic care. The worker also began physical therapy on 02/24/2014. A Utilization Review decision by [REDACTED] was rendered on 03/20/2014 recommending non-certification for Baclofen 10mg, #90 and for Etodolac 200mg, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg, #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, page(s) 63-66; Weaning of Medications Page(s): 124.

Decision rationale: Baclofen is in the antispastic muscle relaxant class of medications. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. The Guidelines support the use of Baclofen in the treatment of spasticity and muscle spasm related to multiple sclerosis or spinal cord injuries. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The office notes by [REDACTED] [REDACTED] dated 01/08/2014 and 02/17/2014 described the worker as experiencing long-standing neck pain that involved the shoulders, arms, and upper back. The submitted and reviewed documentation indicated this medication had been used for at least six weeks if not longer and did not record improved pain control, decreased use of pain medications, enhanced function, or a better overall quality of life. The MTUS Guidelines recommend a slow, individualized taper when Baclofen is not medically necessary to avoid complications from physical withdrawal. For these reasons, the current request for Baclofen 10mg, #90 is medically necessary and appropriate.

Etodolac 200mg, #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: Etodolac is in the non-steroidal anti-inflammatory drugs (NSAID) class of medications. The MTUS Guidelines support the use of NSAIDs for use in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. Office notes by [REDACTED] [REDACTED] dated 01/08/2014 and 02/17/2014 and an initial physical therapy evaluation by [REDACTED] [REDACTED] dated 02/24/2014 described the worker was experiencing neck and back pain that went into both shoulders and the upper arm. Quantitative patient intensity scores were reported as being six to eight on a 10-point scale, which is consistent with moderate to severe pain levels. The documentation indicated the pain intensity was decreased with the medications prescribed,

although specific improvements were not recorded. The submitted records listed additional medications for non-pain issues that suggested the worker had cardiovascular risk factors. However, the treatment plan documented on 01/08/2014 reported the clinician's intention to monitor appropriate blood tests in the near future, which suggested the potential negative effects of this medication were being closely considered and monitored as recommended by the MTUS Guidelines. For these reasons, the current request for Etodolac 200mg, #90 is medically necessary.