

<b>Case Number:</b>	CM14-0058470		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	03/01/1991
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 Nevada. 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 records, presented for review, indicate that this 58-year-old individual was reportedly injured on 3/1/1991. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 4/8/2014, indicated that there were ongoing complaints of neck pain that radiated into the right upper extremity. The physical examination demonstrated cervical spine positive muscle rigidity, positive tenderness to palpation and decreased range of motion. Right wrist extension muscle strength was 3/5. Right hand grip was 4/5. Right triceps deep tendon reflexes were 0/4. Sensation decreased to pinprick along C7 distribution on the right. Diagnostic imaging studies included an MRI of the cervical spine, dated 4/22/14, which revealed right neural foraminal narrowing at C2-C3 due to facet arthrosis. Broad-based disc bulge at C3-C4 produced encroachment on the right C4 nerve root. Disc protrusion at C4-C5 resulting in encroachment on the left C5 nerve root. There was also bilateral neural foraminal narrowing. Disc bulge was at C5-C6. Disc protrusion was also at C6-C7. Previous treatment included medication and conservative treatment. A request had been made for Baclofen 10 mg, Clonazepam 2 mg, Hydrocodone/APAP 5/325 mg #120 with 3 refills, and was not certified in the pre-authorization process on 4/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Baclofen 10mg:** 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 Page(s): 63-64 of 127.

**Decision rationale:** Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. After review of the medical documentation provided, there was no determination of any findings on physical exam to necessitate the use of this medication. The patient does not have a diagnosis of multiple sclerosis or spinal cord injury. Therefore, the request is not medically necessary.

**1 prescription of Clonazepam 2mg: Upheld**

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

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

**Decision rationale:** MTUS guidelines do not support benzodiazepines (Clonazepam) for long-term use, because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. As such, this request is not considered medically necessary.

**1 prescription for Hydrocodone/APAP 5/325mg #120 with 3 refills: 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): 74-78 of 127.

**Decision rationale:** Norco (Hydrocodone/Acetaminophen) is a short-acting opioid combined with acetaminophen. MTUS Guidelines supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there was no clinical documentation of improvement in the pain or function with the current regimen. As such, this request is not considered medically necessary.