MAXIMUS Federal Services

Case Number:	CM14-0060184		
Date Assigned:	07/09/2014	Date of Injury:	02/28/2003
Decision Date:	09/03/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/01/2014

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 patient is a 49-year-old male who has submitted a claim for cervical radiculopathy, status post fusion with instrumentation, and lumbar strain; without myelopathy associated with an industrial injury date of 02/28/2003. Medical records from 2012 to 2014 were reviewed and showed that patient complained of neck pain, graded 8-9/10, right hand pain, graded 7-8/10, and low back pain, graded 9/10. Pain is worse activity, and better with rest, ice, and medications. Physical examination showed tenderness in the cervical paraspinous muscles, right biceps tendon, and lateral epicondyle. DTRs were normal. Motor testing showed weakness in the left arm. Grip strength was decreased in the left hand. Sensation was intact. Treatment to date has included medications, physical therapy, and trigger finger release (12/16/2013), and cervical fusion as stated above. Utilization review, dated 04/25/2014, denied the request for ThermaCare because guidelines recommend its use only for flare ups, and the patient does not appear to be currently experiencing a flare up of low back pain; and denied the request for Baclofen because guidelines do not support its long term use as well as its use for chronic conditions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermacare Patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 162, 300. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: As stated on page 300 of the CA MTUS ACOEM Guidelines, heat therapy, including a heat wrap, is recommended for treatment of acute, sub-acute, and chronic low back pain. However, use in chronic low back pain is suggested to be minimized to flare-ups with the primary emphasis in strengthening exercises. In this case, the patient complains of low back pain with radicular symptoms. Patient has been using ThermaCare since at least June 2012. However, guidelines supports its use only for flare-ups. The medical records submitted for review failed to show evidence of a recent flare-up of symptoms. There is no discussion regarding indications for variance from guidelines. Therefore, the request for Thermacare patches #30 is not medically necessary.

Baclofen 20mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: According to page 63 of the Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). In addition, efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. Furthermore, drugs with the most limited published evidence in terms of clinical effectiveness include Chlorzoazone, Methocarbamol, Dantrolene, and Baclofen. In this case, the patient has been prescribed Baclofen since at least June 2012; however, objective evidence of functional improvement was not documented. Moreover, Baclofen is not intended for long-term use and is one of the drugs with the most limited published evidence of effectiveness as per the guidelines stated above. Therefore, the request for Baclofen 20mg #100 is not medically necessary.