

Case Number:	CM14-0069378		
Date Assigned:	07/14/2014	Date of Injury:	05/15/2012
Decision Date:	09/16/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/14/2014

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 who has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury of May 15, 2012. Thus far, the applicant has been treated with the following, analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; opioid therapy; and extensive periods off work. The applicant's attorney subsequently appealed. In Doctor's First Report dated December 5, 2013, it was acknowledged that the applicant last worked on May 30, 2012. Neck pain, low back pain, and mid back pain were reported. Norco, Relafen, and baclofen were apparently endorsed on this occasion. It was stated that the applicant was disabled. On December 18, 2013, the applicant was again given refills of Norco, Relafen, and baclofen owing to ongoing complaints of neck and low back pain, exacerbated by activities such as lifting and bending. The applicant was again described as disabled. There was no mention of medication efficacy incorporated into this progress note, either. The remainder of the file was surveyed. Much of the information on file dealt with the applicant's mental health issues. On February 26, 2014, the applicant was given refills of Norco and baclofen and again placed off work, on total temporary disability, owing to ongoing complaints of multi-focal low back and bilateral hand pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

NABUMETONE 500MG 1 TWICE A DAY BY MOUTH #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22, 7.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as nabumetone do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the attending provider has failed to incorporate any discussion of medication efficacy on several recent progress notes. The fact that the applicant is off of work, on total temporary disability, does suggest a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of nabumetone (Relafen). Therefore, the request is not medically necessary.

BACLOFEN 20MG 1 TWICE A DAY AS NEEDED: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 64, 7.

Decision rationale: While page 64 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that baclofen is recommended orally for the treatment of spasticity and/or muscle spasm associated with multiple sclerosis and spinal cord injuries and can, moreover, be employed off labeled for neuropathic pain, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. The applicant, here, however, is off of work. The applicant continues to report high levels of neck, mid back, and low back pain, with difficulty performing activities of daily living as basic as bending, twisting, and lifting, despite ongoing usage of the same. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of baclofen. Therefore, the request is not medically necessary.

NORCO 10/325MG 1 FOUR TIMES A DAY #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids 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 reduced pain achieved as a result of the same. In this case, the applicant is off of work. The applicant's pain complaints appear to be heightened, despite ongoing Norco usage. The attending provider has not outline any tangible improvements in function achieved as a result of ongoing Norco usage. Therefore, the request is not medically necessary.