MAXIMUS Federal Services

Case Number:	CM14-0082776		
Date Assigned:	07/21/2014	Date of Injury:	08/14/2001
Decision Date:	09/03/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/04/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in California and 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 injured worker is a 54 year old male who had a work related injury on 8/14/01. The mechanism of injury was not provided for review. The most recent clinical documentation submitted for review dated 6/14/14. The injured worker complained of chronic pain, worse when walking, standing, climbing, and lifting, and radiation to left lower extremity. The injured worker was in for a refill of his medication prescribed for the purposes of completing his activities of daily living. The injured worker was not able to get medications and without these medications he was unable to sleep, or walk over 100 yards at a time. The injured worker was unable to get out of bed. On physical examination, there was increased paraspinous spasm worse on the left side. There was pain on palpating L2 through L5, and much less range of motion, rotation to 15 degrees, extension to 2 degrees, and extension 30 degrees. His gait was unsteady and the patient occasionally stumbled. He also had a positive straight leg raise. The diagnosis was chronic low back pain. The patient was deemed 89% disabled at a Qualified Medical Evaluation (QME). The individual underwent random urine drug screens, which were consistent with prescribed therapy. There were no visual analog scale scores with and without medication. Functional improvement was definitely improved while on medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, opioids.

Decision rationale: The request for Norco 10/325 #180 is medically necessary. The clinical documentation submitted for review supports the request. Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Therefore medical necessity has been established.

Baclofen 20mg #60: 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 (for pain) Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, muscle relaxants(for pain).

Decision rationale: The request for Baclofen 20mg 360 is not medically necessary. The current evidence based guidelines do not support the request. Recommend non-sedating muscle relaxants with caution as a second-line option for short-term (less than two weeks) treatment of acute low back pain (LBP) and for short-term treatment of acute exacerbations in patients with chronic LBP. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Therefore, medical necessity has not been established.