

Case Number:	CM14-0093425		
Date Assigned:	07/25/2014	Date of Injury:	03/07/2005
Decision Date:	08/28/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/19/2014

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 Management 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:

According to the records made available for review, this is a 58-year-old male with a 3/7/05 date of injury. At the time (6/12/14) of request for authorization for Baclofen 20mg #90, Norco 10/325mg #120, and Exalgo 32 mg #30, there is documentation of subjective (back pain that radiates to the right calf, right foot, and right thigh; pain without medications rated 9/10, pain with medications 1/10) and objective (lumbar spine tenderness to palpation, active painful range of motion, and diminished sensation to pinprick right L5 and S1 nerve root distributions) findings, current diagnoses (thoracic or lumbosacral radiculopathy, lumbosacral spondylosis w/o myelopathy, chronic COAT, and chronic pain due to trauma), and treatment to date (activity modification, medial branch blocks, epidural steroid injections, and medications (including Norco and Exalgo since at least December 2013, and Baclofen since at least February 2014). 5/6/14 medical report identifies decrease pain from 9/10 to 1/10 with medications and that with medications the patient is able to do simple chores around the house and minimal activities outside of the home. Without medications the patient stays in bed at least half of the day. Regarding the requested Baclofen 20mg #90, there is no documentation of an acute exacerbation of chronic low back pain and that Baclofen is being used as a second line option and for short-term treatment. Regarding the requested Norco 10/325mg #120, there is no documentation that the prescriptions are from a single practitioner and that the lowest possible dose is being prescribed. Regarding the requested Exalgo 32 mg #30, there is no documentation that the prescriptions are from a single practitioner and that the lowest possible dose is being prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20mg #90: 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): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Medical Treatment Guideline or Medical Evidence.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. The MTUS Guidelines definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions such as an increase in activity tolerance or a reduction in the use of medications or medical services. Official Disability Guidelines identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of thoracic or lumbosacral radiculopathy, lumbosacral spondylosis without myelopathy, chronic COAT and chronic pain due to trauma. In addition, given documentation of decreased pain from 9/10 to 1/10 and that with medications the patient is able to do simple chores around the house and minimal activities outside of the home. Without medications the patient stays in bed at least half of the day, there is documentation of functional benefit or improvement as a result of Baclofen use to date. However, there is no documentation of an acute exacerbation of chronic low back pain and that Baclofen is being used as a second line option and for short-term treatment therefore, based on guidelines and a review of the evidence, the request for Baclofen 20mg #90 is not medically necessary.

Norco 10/325mg #120: Upheld

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 Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed. The lowest possible dose has to be prescribed and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. The MTUS Guidelines definition identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions such as an increase in activity tolerance or a

reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of thoracic or lumbosacral radiculopathy, lumbosacral spondylosis w/o myelopathy, chronic COAT, and chronic pain due to trauma. In addition, given documentation of decreased pain from 9/10 to 1/10 and that with medications the patient is able to do simple chores around the house and minimal activities outside of the home; without medications the patient stays in bed at least half of the day, there is documentation of functional benefit or improvement as a result of Norco use to date however, there is no documentation that the prescriptions are from a single practitioner and that the lowest possible dose is being prescribed. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #120 is not medically necessary.

Exalgo 32 mg #30: Upheld

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 Medical Treatment Guideline or Medical Evidence.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed. The lowest possible dose has to be prescribed and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. The MTUS Guidelines definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions such as an increase in activity tolerance or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of thoracic or lumbosacral radiculopathy, lumbosacral spondylosis w/o myelopathy, chronic COAT, and chronic pain due to trauma. In addition, given documentation of decreased pain from 9/10 to 1/10 and that with medications the patient is able to do simple chores around the house and minimal activities outside of the home. Without medications the patient stays in bed at least half of the day, there is documentation of functional benefit or improvement as a result of Exalgo use to date however, there is no documentation that the prescriptions are from a single practitioner and that the lowest possible dose is being prescribed. Therefore, based on guidelines and a review of the evidence, the request for Exalgo 32 mg #30 is not medically necessary.