

Case Number:	CM14-0189769		
Date Assigned:	11/20/2014	Date of Injury:	12/11/2013
Decision Date:	01/08/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/13/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 51 year-old female employee with date of injury of 12/11/2013. A review of the medical records indicate that the patient is undergoing treatment for right shoulder pain with mild impingement and tendinopathy, discogenic and neck pain, facetogenic and neck pain, localized low back pain, chronic pain syndrome, bilateral medial and lateral epicondylitis. She is s/p surgery on left knee (2013). Subjective complaints include low back pain, severe achy neck pain on the right side with numbness and tingling, right shoulder pain and upper extremity pain. Patient also experiences numbness and tingling in the fingertips. There is weakness in the right arm. Reports note spasm in the neck and back. Objective findings include cervical spine exam revealing tenderness in paracervical muscles and facets bilaterally more so on right as well as upper trapezius with palpable spasm; range of motion is severely limited. Exam of right shoulder reveals fairly full internal and external rotation and pain is experienced with impingement maneuvers. Lumbar spine exam reveals tenderness in upper lumbar region with palpable spasm; range of motion slightly decreased. Musculoskeletal exam reveals upper extremity reflexes 2+, strength 5-/5 on right; sensation decreased in right lateral arm. Spurling's positive on right; negative Hoffmann's and clonus. Reflexes of lower extremities are 1+ and strength 5/5 bilaterally; Patrick's negative; straight leg raise test is negative; Babinski down going. Treatment has included physical therapy, magnetic resonance imaging (MRI) of the cervical spine and right shoulder, injection into right elbow. Medications have included Norco 5/325 and Norco 7.5/325 "with good relief and no side effects", anti-inflammatories, muscle relaxers, and Cymbalta. The prior utilization review dated 10/27/2014 non-certified the request for Baclofen 20mg #90 and Norco 7.5/325mg #90. The request for Norco 5/325mg #90 was certified.

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-64.

Decision rationale: Baclofen is classified as a muscle relaxant. California MTUS states "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Additionally, MTUS states "Baclofen (Lioresal, generic available): The mechanism of action is blockade of the pre- and post-synaptic GABAB receptors. It 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 (trigeminal neuralgia, non-FDA approved). (ICSI, 2007)." The treating physician has not provided documentation of muscle spasms related to multiple sclerosis or spinal cord injuries. Additionally, the treating physician has not provided documentation of trials and failures of first line therapies. As such the request for Baclofen 20mg, #90 is not medically necessary.

Norco 5/325mg #90: 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 Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain

Decision rationale: California MTUS states that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." While the treating physician does document a decrease of pain from 10/10 to 8/10 with Norco, the treating physician does not fully document how long the patient gets relief, increased level of function, or improved quality of life. As such, the request for Norco 5/325mg #90 is not medically necessary and appropriate.

Norco 7.5/325mg #90: 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 Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain

Decision rationale: California MTUS states that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." While the treating physician does document a decrease of pain from 10/10 to 8/10 with Norco, the treating physician does not fully document how long the patient gets relief, increased level of function, or improved quality of life. As such, the question for Norco 7.5/325mg #90 is not medically necessary.