

Case Number:	CM14-0197503		
Date Assigned:	12/05/2014	Date of Injury:	08/29/2005
Decision Date:	01/29/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/24/2014

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:

This 52 year old male sustained a work related injury on 8/29/2005. The mechanism of injury was reported to be from a motor vehicle accident, in which his truck rolled. According to the progress report dated 10/21/2014, the patient reported continued pain in the low back, rated 7-8/10. He stated that his back was hypersensitive and he had difficulty standing and walking. His neck felt stiff and he would get shooting pain. Objective findings: tenderness to palpation over midline at L3-S1 as well as over the lumbar facet joints bilaterally L3-S1, tenderness to palpation noted diffusely across the thoracic spine, moderate thoracic paraspinal muscle spasms, tenderness to palpation noted diffusely across the cervicotrachezial ridge and bilateral cervical facet joints C4-7, restricted and painful cervical range of motion, decreased sensation at C4-7 bilaterally. The current diagnoses are chronic cervical, thoracic, and lumbar spine sprain/strain, cervical and lumbar discogenic disease, and sleep disturbance. Treatment to date: medication management, activity modification. A UR decision dated 10/21/14 modified the requests for Norco from 180 tablets to 90 tablets and baclofen from 60 tablets to 30 tablets due to a lack of substantiating documentation. Regarding Norco, the documentation indicates that this patient had a flare-up of back pain and Norco was prescribed. It is unclear if his pain cannot be controlled with NSAIDs or other non-opiate analgesics. Regarding baclofen, the documentation indicated that this patient had a flare-up of back pain and baclofen was prescribed. However, there is no documentation of spinal cord injuries to support the use of this medication. Additionally, it is unclear if he has failed other first-line muscle relaxants for spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 75, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the medical records provided for review, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Furthermore, given the 2005 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. Therefore, the request for Norco 10/325mg #180 was not medically necessary.

Baclofen 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines baclofen Page(s): 64.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, state that 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, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. However, in the present case, it is unclear how long this patient has been taking baclofen. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Therefore, the request for Baclofen 10mg #60 was not medically necessary.