MAXIMUS Federal Services

Case Number:	CM14-0198245		
Date Assigned:	12/08/2014	Date of Injury:	03/10/2008
Decision Date:	01/22/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/25/2014

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 Family Practice 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 case involves a 43 years old male patient who sustained an injury on 3/10/2008. He sustained the injury due to him falling and landing with his arm outstretched. The current diagnoses include chronic lumbar back pain due to L4-L5 disc herniation with recent exacerbation, chronic right L5 radiculopathy with left sided radicular symptoms, history of left sided upper extremity dysesthesia, and insomnia secondary to pain. Per the doctor's note dated 9/22/14, he had complaints of a flare up of the lower back pain, with the pain radiating to both legs and trouble sleeping due to the pain. The physical examination revealed anteflexion of the trunk on the pelvis allows for 10 degrees of flexion and extension 0, rotation to the left 10 degrees, to the right 10 degrees, lateral flexion to the left 5 degrees, to the right 5 degrees. paralumbar tenderness from L2 to S1 with lower thoracic and lumbar spasm, and right greater than left sacroiliac tenderness. The medications list includes Lunesta, Norco and baclofen. Prior diagnostic study reports were not specified in the records provided. He has had psychiatric therapy for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter Pain, Opioids, criteria for use (updated 12/31/14)

Decision rationale: Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide documentation of response regarding to pain control and functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines, documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic. However, these are not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient did not meet criteria for ongoing continued use of opioids analgesic. Therefore, the request is not medically necessary.

Baclofen 10mg #120: Upheld

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

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

Decision rationale: Baclofen is a muscle relaxant. California MTUS, Chronic pain medical treatment guidelines 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). Per the guideline, "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. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen." The patient has been taking baclofen long-term. The need for baclofen on a daily basis with documented improvement in function is not fully established. According to the cited guidelines, baclofen is recommended for short term therapy and not recommended for longer period. The patient has had a recent exacerbation and lumbar spasm. Short term or prn use of baclofen in acute exacerbations is indicated. In this case, the

prescribed request for 120 tablets of baclofen 10mg exceeds the Guideline recommendations. Therefore, this request is not medically necessary.