MAXIMUS Federal Services

Case Number:	CM14-0199031		
Date Assigned:	12/09/2014	Date of Injury:	08/21/2012
Decision Date:	01/22/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/26/2014

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 Ohio. 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 47-year-old female with a date of injury of August 21, 2012. She complains of ongoing neck pain, low back pain radiating to the right lower extremity, and bilateral numbness of the arms. The physical exam reveals diminished cervical range of motion, a positive Spurling's test bilaterally, and diminished sensation bilaterally to the regions of the C5, C6, and C7 dermatomes. There is mild to moderate spasm of the lumbar paraspinal musculature with a twitch response. The diagnoses include cervical disc displacement and lumbar sprain. A progress note from October 21, 2014 states that the injured worker had been taking Vicodin 5/325 mg every 6 hours and Flexeril 7.5 mg twice daily with 20% relief. Physical therapy was ineffective. The injured worker was being considered for a cervical fusion surgery but this was so far denied by the insurance company. Because of an adequate pain relief, the Vicodin and Flexeril were discontinued. In its place, Percocet 5/325 mg, #120, and baclofen 10 mg every 8 hours as needed, #90, were prescribed. The Percocet quantity was modified to #75 and the baclofen was not certified by the utilization reviewer who cited MTUS guidelines. At issue are the requests for the Percocet and baclofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Spasticity Drugs Page(s): 64.

Decision rationale: The mechanism of action of baclofen is blockade of the pre- and post-synaptic GABA-B 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).The initial dose of baclofen should be 5 mg three times a day. Upward titration can be made every 3 days up to a maximum dose of 80 mg a day.In this instance, there is no documentation that the injured worker has a spinal cord injury, lancinating neuropathic pain, or multiple sclerosis. Additionally, the initial dose prescribed, 10 mg three times daily, exceeds the recommended 5 mg three times daily. Consequently, Baclofen 10mg #90 is not medically necessary.

Percocet 5/325 #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Those requiring chronic opioid therapy should have assessment for pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued if there are improvements in pain relief and functionality and discontinued otherwise. Before discontinuation however it should be determined that there has been an adequate trial of opioids. In this instance, the treating physician felt that the initial trial of hydrocodone/Vicodin provided an inadequate trial and consequently prescribed oxycodone/Percocet which is more potent. As this request is for the initial prescription of Percocet, there is no basis for comparison of pain levels are functionality over time. Consequently, Percocet 5/325 #120 was medically necessary.