

Case Number:	CM14-0200356		
Date Assigned:	12/10/2014	Date of Injury:	10/16/2002
Decision Date:	02/19/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 underlying date of injury in this case is 10/16/2002. The date of the utilization review under appeal is 11/14/2014. On 10/31/2014, the patient was seen in primary treating physician followup regarding cervical facet syndrome, cervical pain, and muscle spasm. The patient reported ongoing pain with medications 4/10, without medications 8/10, and reported he had a fair quality of sleep and that activity level had remained the same. The patient reported improvement in pain and function with an increase of 15 mg MS Contin. Medications overall included Norco, MS Contin, Lidoderm, baclofen, atenolol, Cozaar, hydrochlorothiazide, Neurontin, fenofibrate, prednisone, Seroquel, Ativan, Lamictal, and Wellbutrin. The treating physician noted that the patient was previously hospitalized for alcohol detoxification and had been sober for over 6 months. The treating physician noted that the patient had adequate analgesia and functional benefit with an improved quality of life. The treating physician recommended continuing medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150 with 1 refill: 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 Ongoing Management. Page(s): 78.

Decision rationale: Guidelines section on opioids/ongoing management, page 78, discusses the 4 A's of opioid management. The medical records in this case discuss functional benefit from opioids only in general or subjective term therapy but not in verifiable terms consistent with these guidelines. Moreover, the medical records do not clearly document the dosage of opioids against functional benefits. Overall, the treatment guidelines have not been met; therefore, this request is not medically necessary.

MS contin ER 30mg #60: 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 Ongoing Management. Page(s): 78.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on opioids/ongoing management, page 78, discusses the 4 A's of opioid management. The medical records in this case discuss functional benefit from opioids only in general or subjective term therapy but not in verifiable terms consistent with these guidelines. Moreover, the medical records do not clearly document the dosage of opioids against functional benefits. Overall, the treatment guidelines have not been met; therefore, this request is not medically necessary.

MS contin 15mg #30: 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 Ongoing Management. Page(s): 78.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on opioids/ongoing management, page 78, discusses the 4 A's of opioid management. The medical records in this case discuss functional benefit from opioids only in general or subjective term therapy but not in verifiable terms consistent with these guidelines. Moreover, the medical records do not clearly document the dosage of opioids against functional benefits. Overall, the treatment guidelines have not been met; therefore, this request is not medically necessary.

Baclofen 10mg #60: 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. Page(s): 64.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on muscle relaxants discusses baclofen on page 64. This guideline recommends baclofen for central nervous system conditions such as multiple sclerosis and spinal cord injuries. This patient does not have a diagnosis for which baclofen is indicated. This patient's diagnosis is muscle spasm, which is not a diagnosis for which baclofen is indicated. Overall the records and treatment guidelines do not support this request for baclofen. As such, this request is not medically necessary.