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| Case Number: | CM14-0208374 | | |
| Date Assigned: | 12/22/2014 | Date of Injury: | 11/27/2001 |
| Decision Date: | 02/28/2015 | UR Denial Date: | 11/24/2014 |
| Priority: | Standard | Application Received: | 12/12/2014 |

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 73 years old female patient who sustained an injury on 11/27/2001. The current diagnoses include lumbar post laminectomy syndrome, low back pain, lumbosacral radiculitis, sciatica, cervical post laminectomy syndrome, neck pain, depressive disorder and joint pain. Per the doctor's note dated 11/11/2014, she had complaints of neck pain and low back pain, joint pain and depression. The physical examination revealed cervical spine- tenderness and restricted range of motion; lumbar spine- tenderness and restricted range of motion. The medications list includes Baclofen, Duloxetine, Effexor XR, Norco, Simvastatin, Doxylamine, Flexeril, Aspirin, Probiotic daily, Omega 3 daily, and Vitamin D. She has had multiple diagnostic studies including lumbar spine X-rays and MRI. She has undergone removal of fibrous tissue on joint and knuckles of bilateral upper extremities, lumbar surgeries x5, Cervical fusion x2, hysterectomy, appendectomy, cholecystectomy and spinal cord stimulator implant and spinal cord stimulator removal. She has had a functional restoration program for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10 MG #90 with 3 Refills: 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 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 need for baclofen on a daily basis with lack of documented improvement in function is not fully established. According to the cited guidelines baclofen is recommended for short term therapy and not recommended for a longer period. The medical necessity of Baclofen 10 MG #90 with 3 Refills is not fully established for this patient at this juncture.

Effexor 150 MG #30 with 3 Refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine (Effexor) Page(s): 123.

Decision rationale: According to CA MTUS guidelines cited below Venlafaxine (Effexor) is "Recommended as an option in first-line treatment of neuropathic pain. Venlafaxine (Effexor) is a member of the selective-serotonin and norepinephrine reuptake inhibitor (SNRIs) class of antidepressants. It has FDA approval for treatment of depression and anxiety disorders."According to the records provided, patient had chronic low back and neck pain with history of multiple lumbar and cervical surgeries. The patient has chronic low back pain with a neuropathic component. She also has had depression secondary to pain. SNRIs like Effexor are a first line option for patients with neuropathic pain and depression. The request for Effexor 150 MG #30 with 3 Refills is medically appropriate and necessary for this patient.