MAXIMUS Federal Services

Case Number:	CM15-0000516		
Date Assigned:	01/12/2015	Date of Injury:	03/26/2012
Decision Date:	03/06/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/02/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50-year-old female, with a reported date of injury of 03/26/2012. She has reported low back pain.The diagnoses have included low back pain, lumbosacral joint and ligament sprain/strain, sciatica, and lumbosacral spondylosis without myelopathy.Treatments to date have included oral pain medications, an electromyography (EMG), with showed right L5 radiculopathy, lumbar spine fusion surgery at L4-S1 on 02/12/2014, x-rays of the lumbar spine, and an MRI of the lumbar spine, which showed right posterior protrusion at L5-S1, with displacement of the right sacral nerve root with hypertrophy. Currently, the injured worker complains of low back pain. She stated that since the last visit, her condition has stayed the same. The injured worker rated her pain a 7 out of 10. She denied having any adverse medication reaction or side effects. The injured worker continued to have pain radiating down the right leg, and was taking four (4) Norco 10/325mg tablets a day. The objective findings included no paraspinal muscle tenderness; decreased flexion, extension, lateral bending to the right and left; negative straight leg raise test in the sitting and/or lying positions; decrease patellar reflexes on both sides; and absent ankle jerk reflexes on both sides. The treating physician prescribed Baclofen 5mg #60 three times a day as needed, and refill for Norco 10/325mg . The rationale for the request was not provided.On 12/15/2014, Utilization Review (UR) non-certified the request for Baclofen 20mg #60 and Norco 10/325mg #120, noting that the guidelines do not recommend opioids or muscle relaxants for chronic low back pain. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, pages 64-65.

Decision rationale: Baclofen is a centrally acting muscle relaxant and anti-spastic that may be useful for alleviating signs and symptoms of spasticity resulting from multiple sclerosis, reversible and in patients with spinal cord injuries and other spinal cord diseases. However, Baclofen is not indicated in the treatment of skeletal muscle spasm as in this case. MTUS Guidelines do not recommend long-term use of Baclofen and medical necessity has not been established. Submitted documents have not demonstrated any functional improvement from treatment of Baclofen previously rendered for this chronic injury of 2012. The Baclofen 20 mg #60 is not medically necessary and appropriate.

Norco 10/325 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opoids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Norco 10/325 mg #120 is not medically necessary and appropriate.