

Case Number:	CM15-0008728		
Date Assigned:	01/26/2015	Date of Injury:	09/01/2012
Decision Date:	03/24/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/15/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 62 year old female with an industrial injury dated 09/01/2012. Office visit dated 11/24/2014 notes the injured worker continues to complain of severe neck pain. The provider notes she has cord compression by MRI. Physical exam showed decreased right sacroiliac joint tenderness with persistent coccygeal tenderness. She also had persistent right Spurling, right upper extremity weakness and positive right Hoffman. Cervical spine MRI revealed moderate right-sided focal disc protrusions at cervical 4-5 and cervical 5-6 with right paracentral cord compression and right greater than left spinal stenosis. Cervical spine x-rays done on 11/05/2014 showed mild to moderate narrowing at cervical 5-6 and slight narrowing at cervical 4-5. There are no acute bony abnormalities. There is a mildly prominent transverse process of cervical 7 on the right. Diagnoses were right cervical radiculopathy, bilateral shoulder internal derangement, right sacroilitis, and coccydynia. Prior treatment included sacro-iliac joint injection, cervical epidural steroid injection and nerve root block (which did not help), cervical collar and medications. The treatment recommendations at that time included continuation of the current medication regimen. A Request for Authorization form was then submitted on 12/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. There was no documentation of palpable muscle spasm or spasticity upon examination. The medical necessity for the requested medication has not been established in this case. Additionally, there is no frequency or quantity listed. As such, the request is not medically appropriate.

Lidoderm patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines recommend lidocaine after there has been evidence of a trial of first line therapy. In this case, there was no documentation of a failure of first line treatment with antidepressants or anticonvulsants. There is no strength, frequency, or quantity listed. Given the above, the request is not medically appropriate.

Butrans Patches 5mcg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27.

Decision rationale: The California MTUS Guidelines state buprenorphine is recommended for treatment of opiate addiction. It is also recommended as an option for chronic pain after detoxification. The injured worker does not meet the above mentioned criteria. Additionally, there is no frequency or quantity listed. Given the above, the request is not medically appropriate.