

Case Number:	CM15-0101069		
Date Assigned:	06/03/2015	Date of Injury:	11/28/1995
Decision Date:	07/13/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/26/2015

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: Pennsylvania, Ohio, 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:

He presents on 04/02/2015 status post epidural steroid injection and right scapular trigger point injection on 10/28/2014. He had greater than 60% reduction in neck and upper extremity pain from the cervical epidural steroid injection lasting for almost 5 months. He also had 75% improvement in pain from the right scapular trigger point injection, which also lasted for a month and then settled at around 50% improvement for the next 3 months. At this visit, he stated his pain was starting to return and he was waking at night for the past couple of weeks with tingling in the right hand and last three fingers. He also reported a return of spasm in the right scapula. The injured worker had not been able to get Baclofen since February, which helped with the spasm. Physical exam showed normal muscle tone in the extremities. There was tenderness in the cervical spine and pain with range of motion. There was a mild decrease to sensation to light touch in the right cervical 6 and cervical 7 dermatomes. He was scheduled for a thyroidectomy the following day for a mass on the right side of the thyroid. Current medications are listed as Baclofen, Hydrocodone/APAP and Atenolol. Urine drug screen results dated 04/02/2015 is present in the chart. MRI dated 11/14/2013 results are documented in the 04/23/2013 progress notes, however the formal report is not available in the submitted records. Treatment plan included cervical epidural steroid injection at cervical 5-6 and cervical 6-7 along with cervical epidurogram, insertion of cervical catheter, fluoroscopic guidance and IV sedation and right trigger point injection to be done at the same time as the cervical epidural steroid injection. Medications requested were Hydrocodone/APAP and Baclofen. This request is for Baclofen 10 mg # 45 and Hydrocodone/APAP (Acetaminophen) 10/325 # 150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/ APAP (Acetaminophen) 10/325 mg Qty 150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.

Baclofen 10 mg Qty 45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants/Baclofen Page(s): 64.

Decision rationale: MTUS recommends baclofen for central nervous system spasticity, not for peripheral nervous system diagnoses or non-central-mediated pain/spasticity. This patient does not have a diagnosis or indication for which Baclofen is recommended. Therefore, this request is not medically necessary.