

Case Number:	CM15-0106653		
Date Assigned:	06/11/2015	Date of Injury:	08/21/2000
Decision Date:	07/16/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/03/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is represented [REDACTED] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 21, 2000. In a Utilization Review report dated May 26, 2015, the claims administrator failed to approve requests for baclofen and Naprosyn. The claims administrator referenced a RFA form received on May 18, 2015 and an associated progress note of May 4, 2015 in its determination. The applicant and/or applicant's attorney subsequently appealed. The applicant seemingly stated that Naprosyn was causing nausea while previously prescribed Celebrex had not generated any adverse effects. On May 4, 2015, the applicant reported ongoing complaints of low back and knee pain. The applicant was using a cane to move about. The applicant was apparently using Norco and baclofen, the treating provider reported. Naprosyn was also apparently endorsed. The request for Naprosyn was framed as a first-time request. The attending provider acknowledged that applicant had retired. The attending provider stated that medication consumption was beneficial in terms of facilitating the applicant's ability to perform activities of self-care and other unspecified activities of daily living. This was neither elaborated nor expounded upon. In an early note dated March 30, 2015, the attending provider again stated the applicant's pain complaints were ameliorated because of ongoing medication consumption. The attending provider acknowledged that the applicant did have issues with prolonged sitting and prolonged standing. Once again, the attending provider stated that the applicant's ability to self-care had been ameliorated because of medication consumption. Norco, Celebrex, and baclofen were endorsed on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg, #60 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen (Lioresal, generic available) Page(s): 64.

Decision rationale: No, the request for baclofen was not medically necessary, medically appropriate, or indicated here. While page 64 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that baclofen is recommended orally in the treatment of spasticity and multiple spasm associated with multiple sclerosis and spinal cord injuries but can be employed off label for neuropathic pain, as was reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant was seemingly off of work, despite ongoing baclofen usage. The applicant was having difficulty performing activities as basic as sitting, standing, walking the treating provider reported on progress notes of March 30, 2015 and May 4, 2015, referenced above. Ongoing usage of baclofen failed to curtail the applicant's dependence on opioid agents such as Norco. The attending provider's commentary to the effect that applicant's ability to perform activities of self-care and personal hygiene because of ongoing medication consumption did not constitute evidence of substantive improvement in function achieved because of ongoing baclofen usage. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792. 20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Naproxen 375mg, #60 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; Functional Restoration Approach to Chronic Pain Management Page(s): 22; 7.

Decision rationale: Similarly, the request for Naprosyn, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medication such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic

Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of medication side effects into his choice of recommendations. Here, however, the attending provider furnished the applicant with a lengthy five-month supply of Naprosyn (60 tablets with four refills) without a follow up visit to ensure the absence of side effects. The applicant himself reported on the application that he had developed nausea with Naprosyn usage. The 60-tablet, four-refill supply of Naprosyn, thus, was not indicated, given the applicant's seeming development of the side effects of the same. Therefore, the request was not medically necessary.