

Case Number:	CM15-0107972		
Date Assigned:	06/12/2015	Date of Injury:	02/15/2011
Decision Date:	07/16/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/04/2015

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: Florida

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:

The injured worker is a 41 year old who sustained an industrial injury on 02/15/2011. Mechanism of injury occurred when walking, he twisted and wrenched his left ankle and felt immediate pain to his left ankle and foot. Diagnoses include lumbar radiculopathy, lumbar post laminectomy syndrome, lumbar spine sprain/strain, chronic muscle spasm and chronic pain syndrome. Treatment to date has included diagnostic studies, status post posterior decompression and fusion on 08/15/2014, medications, psychotherapy, physical therapy, home exercise program, use of a back brace, cane and walker, left lumbar sympathetic block, and transforaminal epidural steroid injection. There is documentation present in a physician progress note that lumbar spine x rays done on 09/18/2014 revealed normal postoperative appearance of L4 to S1 with discectomy and strut graft placement and posterior fixation hardware with normal alignment; mild spondylosis and mild to moderate degenerative disc changes at L1 to L4. A physician progress note dated 05/11/2015 documents the injured worker complains of pain to his lumbar spine radiating to the top of both hips and down both legs with numbness, tingling, and weakness to the lower extremities, more on the left. He rates his pain as 9 out of 10 without medications and 5-6 out of 10 with medications. Examination of the lumbar spine reveals tenderness to palpation with spasms present. Range of motion is limited on all parameters. Straight leg raising is positive on the left and right. There is decreased sensation over other L4, L5, and S1 dermatomes. The treatment plan included Gabapentin and re-evaluation with a pain management specialist-lumbar spine, and he has been scheduled for a lumbar epidural steroid injection. Treatment requested is for Baclofen 10mg quantity 90, and Norco 10/325mg quantity 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-80 of 127.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement. Likewise, this requested chronic narcotic pain medication is not considered medically necessary.

Baclofen 10mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Sedating Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 100, 97.

Decision rationale: In accordance with the California MTUS guidelines, Baclofen is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS 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. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Likewise, this request for Baclofen is not medically necessary.