MAXIMUS Federal Services

Case Number:	CM15-0010112		
Date Assigned:	01/27/2015	Date of Injury:	05/16/2005
Decision Date:	04/13/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/16/2015

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: Georgia
Certification(s)/Specialty: Anesthesiology, 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 48 year old male, who sustained an industrial injury on 5/16/2005. The injured worker has complaints of chronic neck and low back pain with increased muscle spasms and has stabbing in to his right buttocks. He describes his neck pain as a constant aching pain with some stabbing-shooting pains in between the shoulder blades. The documentation noted that he reports continued depression, but it is better with Effexor. He is scheduled for a Lumbar Epidural Steroid Injection (LESI) 1/27/2015. The diagnoses have included lumbar radiculopathy; lumbar degenerative disc disease; low back pain and neck pain. Treatment to date has included injections, physical therapy, Transcutaneous Electrical Nerve Stimulation (TENS) unit, moist heat and ice and medications. According to the utilization review performed on 1/9/2015, the requested Norco 10/325mg #30 has been modified to a certification of 1 prescription for Norco 10/325mg, #15 between 12/22/2014 and 3/9/2015. The requested Baclofen 10mg #15 has been non-certified. The requested Effexor XR 75mg #60, Neurontin 600mg #90 and Elavil 25mg #60has been certified. CA MTUS Chronic Pain Medical Treatment Guidelines ODG were used during the utilization review. The utilization review noted that Norco is warranted for the sole purpose of weaning, evidence-based guidelines generally do not support long-term opioids use in the absence of overall improvement. Baclofen has been associated with adverse side effects, guidelines recommend muscle relaxants be utilized only short-term, and to be tapered in order to prevent withdrawals.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Norco 10/325mg # 30 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore, the requested medication is not medically necessary.

Baclofen 10mg #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress.

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

Decision rationale: Baclofen 10mg # 15 is not medically necessary. According to CA MTUS Guidelines: "the mechanism of action is blockade of the pre- and post-synaptic GABAB receptors, It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. The patient was not diagnosed with spasticity and there are no documentation of diagnostic testing positive for spasticity; therefore, the requested medication is not medically necessary.