

Case Number:	CM15-0133278		
Date Assigned:	07/21/2015	Date of Injury:	03/24/2010
Decision Date:	08/17/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/09/2015

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: North Carolina

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 54 year old male, who sustained an industrial injury on 3/24/2010. He reported body numbness after crawling under his desk to fix his computer. Diagnoses have included traumatic brain injury from anoxia, C6-C7 Brown-Sequard incomplete spinal cord injury, neurogenic bowel, neurogenic bladder, depression and suicidality, chronic low back pain and spasticity. Treatment to date has included surgery, medication and a transitional living center residential program including physical therapy and occupational therapy. According to the transitional living center progress note dated 4/1/2015, the injured worker complained of neuropathic pain rated five out of ten on average. He was waking up multiple times at night by being wet in his diaper. The injured worker was hyper-somnolent, dozing off during the exam. His body habitus was obese. He had spasticity in his upper and lower extremities. He had neuropathic pain with hypersensitivity to touch. He was able to walk limited distances with a front wheeled walker and ankle foot orthotic (AFO). Authorization was requested for Baclofen and Mucinex.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 month supply of Baclofen 10mg with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. However, for patient with chronic spasticity the requested medication is recommended per the California MTUS. Therefore the request is medically necessary.

1 month supply of Mucinex 600mg with 3 refills: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, mucinex.

Decision rationale: The California MTUS, ODG and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of upper and lower respiratory congestion. This patient has chronic mucous build up secondary to industrial incident and therefore the request is medically necessary.