

Case Number:	CM15-0139079		
Date Assigned:	07/29/2015	Date of Injury:	08/22/2014
Decision Date:	09/23/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/17/2015

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: 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 injured worker is a 35 year old female, who sustained an industrial injury on 8-22-2014. The mechanism of injury was not described. The current diagnoses are cervical radiculitis, cervicgia, tension headache, lumbosacral or thoracic neuritis or radiculitis, brachialis tear, and myofascial pain. According to the progress report dated 6-25-2015, the injured worker complains of neck, upper back, lower back, and left upper extremity pain associated with weakness that usually occurs towards the end of her shift at work. The pain is rated 7 out of 10 on a subjective pain scale. The physical examination of the left elbow reveals tenderness to palpation over the olecranon and antecubital fossa. She has pain with resisted elbow flexion and extension. The current medications are Cyclobenzaprine, Naproxen, Gabapentin, and Omeprazole. Per notes, she is requesting medication for sleep. There is documentation of ongoing treatment with muscle relaxants since at least 12-2-2014. Treatment to date has included medication management, MRI studies, electrodiagnostic testing, chiropractic, and TENS unit. She is currently working full-time as a chef. MRI of the left elbow shows moderate grade tear of the brachialis at the ulnar attachment, and small to moderate joint effusion with early degenerative changes at ulnotrochlear and radiocapitellar articulations. MRI of the cervical spine shows disc protrusion eccentrically to the left with crowding of neural foramen at C5-6, mild disc bulging to the left at C2-3, C3-4, and C4-5. MRI of the lumbar spine shows disc protrusions eccentrically to the left L5-S1 with L5 anterolisthesis, and mild to moderate disc protrusion at L4-5. A request for Baclofen, Eszopiclone, and 8 physical therapy sessions to the cervical region, lumbar region, and left bicep has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20mg 3 times a day as needed #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

Decision rationale: MTUS Guidelines are not supportive of Baclofen as a primary muscle relaxant. This particular drug is for muscle spasm due central neurological damage and this patient does not meet these criteria. In addition, Baclofen is generally not utilized as an as needed medication due to its mechanism of action and withdrawal potential. The Baclofen 20mg 3 times a day as needed #90 is not supported by Guidelines and there are no unusual circumstances to justify an exception to Guidelines. The Baclofen is not medically necessary.

Eszopiclone 1mg at bedtime #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Insomnia.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Insomnia Treatment.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue in detail and the updated versions support the long-term use of certain hypnotic medications for insomnia associated with chronic pain. This individual meets the Guideline criteria for at least a trial of a hypnotic medication and Eszopiclone is one of the hypnotic drugs supported for potential long-term use. Under these circumstances, the Eszopiclone 1mg at bedtime #30 is medically necessary.

Physical therapy 2 times a week for 4 weeks cervical, lumbar, left bicep: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: MTUS Guidelines supports for 8-10 sessions of supervised physical therapy for most chronic musculoskeletal conditions. In the records reviewed there is no evidence of prior physical therapy. Under these circumstances, the Physical therapy 2 times a week for 4

weeks cervical, lumbar, left bicep is consistent with Guidelines. The requested physical therapy is medically necessary.