

Case Number:	CM15-0143767		
Date Assigned:	08/04/2015	Date of Injury:	01/08/2002
Decision Date:	09/01/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/24/2015

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: Arizona, California

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 female, who sustained an industrial injury on 01-08-2002. Initial complaints and diagnosis were not clearly documented. On provider visit dated 04-30-2015 the injured worker has reported chronic cervical spine pain. On examination of the cervical spine revealed a healed anterior and posterior incision, and mild spasm noted. Motor strength intact in bilateral upper extremity C4-T1 was noted. Hands were noted as going numb. The diagnoses have included status post previous C5-C6, C6-C7 anterior cervical discectomy and interbody fusion. Cervical discogenic disease with radiculitis, chronic cervical spine sprain-strain, and status post posterior cervical fusion and chronic anxiety. Treatment to date has included medication which includes Restoril, Soma, Xanax, Norco, and Baclofen and the injured worker has undergone pain management. There was no clear evidence of any significant reduction in pain level or improvement in functional capacity noted. The injured worker has remained temporarily totally disability. The provider requested Norco and Baclofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.

Baclofen 10mg #90: Upheld

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

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

Decision rationale: According to the guidelines, Baclofen 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. In this case, the claimant did not have the above diagnoses and was on Baclofen for several months in combination with Norco. Continued and chronic use is not medically necessary.