

Case Number:	CM15-0147701		
Date Assigned:	08/10/2015	Date of Injury:	07/08/1995
Decision Date:	09/08/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/29/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This is a 61 year old female with a July 8, 1995 date of injury. A progress note dated June 26, 2015 documents subjective complaints (persistent lower back pain radiating to the left lower extremity), objective findings (spasms in the lumbar paraspinal muscles and stiffness noted in the lumbar spine; tenderness of the lumbar facet joints; limited mobility of the lumbar spine), and current diagnoses (lumbar radiculopathy; lower back pain; insomnia secondary to pain; neuropathic pain). Treatments to date have included magnetic resonance imaging of the lumbar spine (November 20, 2013; grade I anterolisthesis of L3 and L4 and severe facet arthropathy; disc extrusions at L2-3 and L3-4; mild to moderate spinal canal stenosis at L2-3, L3-4), medications, lumbar spine fusion. The medical record indicates that medications help control the pain. The treating physician documented a plan of care that included Norco 10-325mg #120 and Baclofen 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 78-80, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work-related injury in July 1995 and is being treated for chronic radiating low back pain. Medications are referenced as keeping the claimant functional and allowing her to perform routine activities. When seen, there was lumbar paraspinal muscle stiffness with spasms and facet tenderness. There was decreased spinal mobility. Norco was refilled at a total MED (morphine equivalent dose) of 40 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing improved function for daily activities. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

Baclofen 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 111-113, 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: The claimant has a remote history of a work-related injury in July 1995 and is being treated for chronic radiating low back pain. Medications are referenced as keeping the claimant functional and allowing her to perform routine activities. When seen, there was lumbar paraspinal muscle stiffness with spasms and facet tenderness. There was decreased spinal mobility. Norco was refilled at a total MED (morphine equivalent dose) of 40 mg per day. Oral baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries and is used off-label in the treatment of trigeminal neuralgia. A non-sedating muscle relaxant is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no identified new injury or acute exacerbation and baclofen has been prescribed on a long-term basis and appears ineffective as the claimant has chronic muscle spasms. The claimant does not have spasticity due to an upper motor neuron condition. The request was not medically necessary.