

Case Number:	CM15-0168656		
Date Assigned:	09/09/2015	Date of Injury:	09/15/2010
Decision Date:	10/13/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/26/2015

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: Physical Medicine & Rehabilitation

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 9-15-10. The injured worker was diagnosed as having chronic pain syndrome, degenerative joint disease of shoulder region, degeneration of cervical intervertebral disc, lumbar post-laminectomy syndrome. Treatment to date has included cortisone injection in shoulders, acupuncture sessions, physical therapy, oral medications including Advair discus, amoxicillin, Baclofen 20mg, Baclofen 10mg, Carafate 200mg oral suspension, Cymbalta 30mg, Gralise 600mg, metronidazole 500mg, omeprazole 50mg and Zolpidem 10mg; topical Lidoderm 5% patch and Butrans 5mcg patch and activity modifications. It is noted Baclofen 10mg has been prescribed since 4-21-15. Currently on 7-21-15, the injured worker complains of low back pain radiating to the right lower extremity accompanied with tingling and numbness. She notes she is feeling worse due to lowered meds, rates the pain 6 out of 10 with meds and 9 out of 10 without meds and felt physical therapy helped significantly. She also reports neck pain with radiation to bilateral upper extremity with weakness and numbness. She is currently not working. Physical exam performed on 7-21-15 revealed tenderness of the ribs and costal cartilage on left at rib 9, ribs and costal cartilage on right at rib 9, the transverse process on left and right at T9 and tenderness of paraspinals on right and left at T9 and tenderness of paraspinal region at L4, ileolumbar region, gluteus maximus and piriformis on right and tenderness of paraspinal region at L4 and ileolumbar region on left. The treatment plan included prescriptions for Baclofen 20mg, Hydromorphone 4mg; cervical steroid injection, recommendation for a sleep specialist and continuation of current medications. On 7-29-15 utilization review non-certified a spinal surgeon referral noting no clear rationale for the current request as the physician is not recommending and is not interested in surgical treatment of the neck and modified Baclofen

20mg #120 to #20 noting it is not recommended for long term use, so modification is certified for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal surgeon referral: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127.

Decision rationale: The current request is for a Spinal surgeon referral. Treatment to date has included cortisone injection in shoulders, acupuncture sessions, physical therapy, oral medications including Advair discus, amoxicillin, Baclofen 20mg, Baclofen 10mg, Carafate 200mg oral suspension, Cymbalta 30mg, Gralise 600mg, metronidazole 500mg, omeprazole 50mg and Zolpidem 10mg; topical Lidoderm 5% patch and Butrans 5mcg patch and activity modifications. She is currently not working. MTUS/ACOEM, Chapter 7, page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Per report 7-21-15, the patient presents with worsening of low back pain radiating to the right lower extremity accompanied with tingling and numbness. She also reports neck pain with radiation to bilateral upper extremity with weakness and numbness. Examination of the c-spine revealed pain elicited with range of motion, tenderness of the paracervical, trapezius and the rhomboid. Examination of the l-spine revealed tenderness of the paraspinal region at L4, the iliolumbar region, gluteus maximus and piriformis. The treater recommended "spinal referral." The patient presents with an increase in pain despite conservative measures and a referral for a specialist consultation is reasonable and supported by ACOEM. This request IS medically necessary.

Baclofen 20mg four times a day as needed #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The current request is for a Baclofen 20mg four times a day as needed #120. Treatment to date has included cortisone injection in shoulders, acupuncture sessions, physical therapy, oral medications including Advair discus, amoxicillin, Baclofen 20mg, Baclofen 10mg, Carafate 200mg oral suspension, Cymbalta 30mg, Gralise 600mg, metronidazole 500mg, omeprazole 50mg and Zolpidem 10mg; topical Lidoderm 5% patch and Butrans 5mcg patch and activity modifications. She is currently not working. MTUS, Chronic Pain Medical Treatment Guidelines 2009 under MUSCLE RELAXANTS (for pain) pages page 63 states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. 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 and pain and overall improvement. Also, there is no additional benefit shown in combination with the NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene, and baclofen." Per report 7-21-15, the patient presents with worsening of low back pain radiating to the right lower extremity accompanied with tingling and numbness. She also reports neck pain with radiation to bilateral upper extremity with weakness and numbness. Examination of the c-spine revealed pain elicited with range of motion, tenderness of the paracervical, trapezius and the rhomboid. Examination of the l-spine revealed tenderness of the paraspinal region at L4, the iliolumbar region, gluteus maximus and piriformis. The treater recommended a refill of Baclofen. Baclofen 10mg has been prescribed since 4-21-15. Per MTUS, duration of use should be short-term (no more than 2-3 weeks). In this case, the request for additional Baclofen #120, including prior use, does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.