

Case Number:	CM15-0169137		
Date Assigned:	09/09/2015	Date of Injury:	09/09/2004
Decision Date:	10/07/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/27/2015

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:

The injured worker is a 55-year-old female, with a reported date of injury of 09-09-2004. The mechanism of injury was the result of a slip and fall backwards, falling onto her buttocks. The injured worker's symptoms at the time of the injury included immediate pain in the lower back and groin. The diagnoses include chronic pain syndrome, left cervicobrachial degenerative changes, status post left shoulder surgery, left shoulder adhesive capsulitis, left upper extremity and elbow myofascial pain syndrome, lumbar sprain and strain with myofascial pain, lumbar degenerative changes and facet arthropathy, cervical spondylosis, and lumbosacral spondylosis. Treatments and evaluation to date have included oral medications. The diagnostic studies to date included a urine drug screen on 02-23-2015 with negative findings, and a urine drug screen on 06-01-2015 with negative findings. The medical report dated 07-24-2015 indicates that the injured worker was there for a follow-up on the injured worker's chronic neck and back pain. She stated that her back pain has been persistent, and worse with walking. The injured worker reported radiating pain down her left leg to the ankle. The physical examination showed exaggerated lumbar lordosis, an antalgic gait, limited lumbar range of motion, moderate tenderness to palpation of the lumbar paraspinal muscles; decreased sensation along the left lateral thigh and lateral calf; limited cervical range of motion in all directions due to pain; and mild tenderness of the cervical paraspinal muscles. The treating physician noted that the CURES report was scanned, the urine drug screen dated 02-23-2015 was negative for Norco (used as needed), and the urine drug screen dated 06-01-2015 was negative for Norco (used as needed) and no other opiates were positive. The injured worker's work and disability status was

not indicated. The request for authorization was dated 07-27-2015. The treating physician requested Ultram with two refills and Baclofen. On 07-29-2015, Utilization Review non-certified the request for Ultram 50mg #60 with two refills, due to no outcome evaluations that would support the continued use of opioid pain medication and Baclofen 10mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The claimant has a remote history of a work injury in September 2004 and is being treated for chronic neck and low back pain. In June 2015 pain was rated at 8/10. Norco was changed to Ultram at the same MED (morphine equivalent dose) of 20 mg per day. When seen, pain was rated at 7/10/ Physical examination findings included a BMI of over 42. There was decreased and painful lumbar range of motion. There was decreased lower extremity strength and sensation. There was an antalgic gait. There was mild cervical tenderness. Ultram was continued at the same dose. Baclofen is being prescribed on a long-term basis. 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. The claimant does not have spasticity due to an upper motor neuron condition. The request was not medically necessary.

Ultram 50mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Opioids, criteria for use.

Decision rationale: The claimant has a remote history of a work injury in September 2004 and is being treated for chronic neck and low back pain. In June 2015 pain was rated at 8/10. Norco was changed to Ultram at the same MED (morphine equivalent dose) of 20 mg per day. When seen, pain was rated at 7/10/ Physical examination findings included a BMI of over 42. There was decreased and painful lumbar range of motion. There was decreased lower extremity strength and sensation. There was an antalgic gait. There was mild cervical tenderness. Ultram was continued at the same dose. Baclofen is being prescribed on a long-term basis. Ultram

(tramadol) is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing a clinically significant decrease in pain, an increased level of function, or improved quality of life at the current dose which is being continued for another three months. Continued prescribing was not medically necessary.