

Case Number:	CM15-0169393		
Date Assigned:	09/10/2015	Date of Injury:	02/02/2004
Decision Date:	10/13/2015	UR Denial Date:	07/28/2015
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: 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 62 year old male who sustained an industrial injury on 02-02-04. A review of the medical records indicates that the injured worker is undergoing treatment for cervical sprain and strain with severe spondylosis, disk herniation with radicular symptoms in the left arm, and left shoulder tendinopathy. Medical records (07-09-15) indicate pain in the left shoulder blade and down the back of his arm. The injured worker reports 50% improvement in pain and functional improvement with his current medication regimen. The physical exam (07-09-15) reveals limited neck range of motion, as well as muscle spasm in the left cervical paraspinal and cervical trapezius. Treatment has included medications, traction, and manipulation. The treating provider indicates appropriate urine drug screen, and plans to continue the current medication regimen including Norco, Mobic, and baclofen. The original utilization review certified the Norco for weaning only, and noncertified the Mobic and baclofen due to long term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 60: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The current request is for Norco 10/325 mg Qty 60. Treatment has included medications, traction unit, and manipulation. MTUS, Criteria Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria Use of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per report 07/09/15, the patient presents with chronic left sided neck, shoulder and arm pain. Physical examination revealed limited neck range of motion, as well as muscle spasm in the left cervical paraspinal and cervical trapezius. Current medication regimen includes Norco, Mobic, and baclofen. This is a request for refill of medications. The patient has been prescribed Norco for his chronic pain since 2014. Per report 07/09/15, 06/11/15, and 05/14/15 the patient reports 50% reduction in pain and 50% functional improvement with ADL's with medications versus not taking them. On 04/16/15, the patient reported "he cannot function without pain medication." Report 01/22/15 notes that a pain contract is on file and UDS have been appropriate. MTUS requires appropriate discussion of all the 4A's; however, the treater has only provided generic statements regarding efficacy, and does not discuss any specific functional improvement, changes in ADLs or change in work status to document significant functional improvement. All the 4As have not been addressed; therefore, this request IS NOT medically necessary and recommendation is for slow weaning per MTUS.

Mobic 15 mg Qty 30: Overturned

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): Anti-inflammatory medications, Medications for chronic pain.

Decision rationale: The current request is for Mobic 15 mg Qty 30. Treatment has included medications, traction unit, and manipulation. MTUS Chronic Pain Medical Treatment Guidelines 2009 under Anti-Inflammatory Medication page 22, states: "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on

the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of nonselective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS Chronic Pain Guidelines under Medications for Chronic Pain, page 60, states "A record of pain and function with the medication should be recorded" when medications are used for chronic pain. Per report 07/09/15, the patient presents with chronic left sided neck, shoulder and arm pain. Physical examination revealed limited neck range of motion, as well as muscle spasm in the left cervical paraspinal and cervical trapezius. Current medication regimen includes Norco, Mobic, and baclofen. This is a request for refill of medications. The patient has been prescribed Mobic for inflammation since July of 2012. Given this patient's examination findings, the conservative nature of this medication, and the documentation of efficacy, continuation of Mobic is substantiated. Therefore, the request IS medically necessary.

Baclofen 10 mg Qty 30: 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 current request is for Baclofen 10 mg Qty 30. Treatment has included medications, traction unit, and manipulation. 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 07/09/15, the patient presents with chronic left sided neck, shoulder and arm pain. Physical examination revealed limited neck range of motion, as well as muscle spasm in the left cervical paraspinal and cervical trapezius. Current medication regimen includes Norco, Mobic, and baclofen. This is a request for refill of medications. The patient has been prescribed Baclofen for muscle spasms since at least 04/30/15. Per MTUS, duration of use should be short-term (no more than 2-3 weeks). In this case, the request for additional Baclofen #30, including prior use, does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.