

Case Number:	CM15-0180235		
Date Assigned:	09/22/2015	Date of Injury:	07/05/2007
Decision Date:	10/27/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/14/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 7-5-07. The injured worker reported migraines. A review of the medical records indicates that the injured worker is undergoing treatments for neck pain, cervical disc disease and scapular pain. Medical records dated 8-4-15 indicate pain rated at 5 out of 10 with medications and 8 out of 10 without medications. Treatment has included Norco since at least March of 2015, Cymbalta since at least March of 2015, and Baclofen since at least March of 2015. Objective findings dated 8-4-15 were not listed. The original utilization review (8-27-15) partially approved a request for Norco 10-325 milligrams quantity of 60 and Baclofen 10 milligrams quantity of 180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are no pain; cervical disc disease; and scapular pain. Date of injury is July 5, 2007. Request for authorization is August 20, 2015. According to a summary of a visit dated March 2, 2015, refills were provided that included Norco, baclofen, Cymbalta and Elavil. According to a progress note dated June 1, 2015, the injured worker had ongoing headaches. Range of motion of the cervical spine was decreased and motor function was 5/5. According to a summary dated August 4, 2015, the injured worker has ongoing migraines with elevated pain levels. Medications have been denied through her insurance. There is no contemporaneous clinical documentation on or about the date of authorization (August 20, 2015) with updated subjective and objective clinical findings. There is no documentation demonstrating objective functional improvement to support ongoing Norco. There are no detailed pain assessments or risk assessments. There is no attempt at weaning Norco. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no detailed pain assessments or risk assessments, no attempt at weaning and no contemporaneous clinical documentation on or about the date of request for authorization (August 20, 2015), Norco 10/325mg # 60 is not medically necessary.

Baclofen 10mg #180: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Baclofen 10 mg #180 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are no pain; cervical disc disease; and scapular pain. Date of injury is July 5, 2007. Request for authorization is August 20, 2015. According to

a summary of a visit dated March 2, 2015, refills were provided that included Norco, baclofen, Cymbalta and Elavil. According to a progress note dated June 1, 2015, the injured worker had ongoing headaches. Range of motion of the cervical spine was decreased and motor function was 5/5. According to a summary dated August 4, 2015, the injured worker has ongoing migraines with elevated pain levels. Medications have been denied through her insurance. There is no contemporaneous clinical documentation on or about the date of authorization (August 20, 2015) with updated subjective and objective clinical findings. There is no documentation demonstrating objective functional improvement to support ongoing baclofen. Baclofen is indicated for short-term (less than two weeks). Baclofen discontinued, at a minimum, as far back as March 2, 2015. The treating provider exceeded the recommended guidelines for short-term use. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and treatment continued in excess of the recommended guidelines for short-term (less than two weeks), Baclofen 10 mg #180 is not medically necessary.