

Case Number:	CM15-0183618		
Date Assigned:	09/24/2015	Date of Injury:	08/30/1999
Decision Date:	11/06/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/18/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 48-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of August 30, 1999. In a Utilization Review report dated September 16, 2015, the claims administrator failed to approve requests for baclofen and Remeron. The claims administrator referenced a September 9, 2015 RFA form and an associated progress note of the same date in its determination. On September 20, 2015, the applicant reported ongoing complaints of low back pain radiating into the bilateral lower extremities, 8/10 without medications versus 5/10 with medications. The applicant's sleep had "not improved with use of Remeron," it was reported. The applicant's medications included Remeron, baclofen, topical Pennsaid, and Opana, it was stated. The applicant had undergone an earlier failed lumbar and cervical spine surgeries, it was reported. The applicant was asked to continue acupuncture, a TENS unit, Opana, Remeron, baclofen, and topical Pennsaid. The attending provider contended that the applicant's ability to perform self-care, personal hygiene, and laundering had been ameliorated as a result of ongoing medication consumption but did not elaborate further. A rather proscriptive 10-pound lifting limitation was imposed. It did not appear, however, that the applicant was working with said limitation in place, although this was not explicitly stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Muscle relaxants (for pain).

Decision rationale: No, the request for baclofen, an antispasmodic medication, is not medically necessary, medically appropriate, or indicated here. While page 64 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that baclofen is recommended orally in the treatment of spasticity and/or muscle spasm associated with multiple sclerosis and/or spinal cord injuries but can be employed for unlabeled use for neuropathic pain, as was seemingly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, permanent work restrictions were renewed, unchanged from previous visits, on a September 23, 2015 office visit. It was suggested (but not clearly stated) that the applicant was not working with said limitations in place. Ongoing usage of baclofen failed to curtail the applicant's dependence on opioid agents such as Opana, it was acknowledged. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request is not medically necessary.

Remeron 15mg #30 (09/09/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Insomnia treatment.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Similarly, the request for Remeron (mirtazapine), an atypical antidepressant, is not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, however, the attending provider's September 23, 2015 office visit explicitly stated that the applicant's sleep had "not improved with use of Remeron". It was not clearly stated, thus, why Remeron was continued in the face of the applicant's failure to profit from the same. Therefore, the request is not medically necessary.