MAXIMUS Federal Services

Case Number:	CM15-0188978		
Date Assigned:	09/30/2015	Date of Injury:	02/14/2013
Decision Date:	11/12/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/25/2015

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, Illinois
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 injured worker is a 62 year old female, who sustained an industrial injury on 02-14-2013. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for lumbar myofascial pain, lumbar stenosis, lumbar degenerative disc disease, intervertebral disc disease, and chronic sternal strain. Medical records (03-11-2015 to 07-24-2015) indicate ongoing low back pain. Pain levels were 2-3 out of 10 on a visual analog scale (VAS) without medications and 0 out of 10 with medications. Records also indicate the IW is able to do regular activities with medications. Per the treating physician's progress report (PR), the IW has not returned to work as she is retired. The physical exam, dated 07-24-2015, revealed very restricted range of motion in the lumbar spine. Relevant treatments have included chiropractic treatments, work restrictions, and pain medications. The request for authorization (07-24-2015) shows that the following medications were requested: Baclofen 20mg #60, Lidoderm patches (12 hours on & 12 hours off), and naproxen 500mg (one twice daily). The original utilization review (09-02-2015) denied the request for Baclofen 20mg #60, Lidoderm patches (12 hours on & 12 hours off), and naproxen 500mg (one twice daily).

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen (Unspecified quantity or/and duration): 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 http://apps.who.int/medicinedocs/en/d/Jwhozip23e/5.4.html#Jwhozip23e.5.4.

Decision rationale: The injured worker sustained a work related injury on 02-14-2013. The medical records provided indicate the diagnosis of lumbar myofascial pain, lumbar stenosis, lumbar degenerative disc disease, intervertebral disc disease, and chronic sternal strain. Treatments have included chiropractic treatments, work restrictions, and pain medications. The medical records provided for review do not indicate a medical necessity for Baclofen (Unspecified quantity or/and duration). Baclofen is a muscle relaxant. The MTUS recommends muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Baclofen is recommended for treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia. The recommended dosing is 5 mg three times a day. orally, titrated upward every 3 days up to a maximum dose of 80 mg a day, if needed. The requested treatment is not medically necessary because the injured worker does not suffer from the listed diagnosis. Also, the request treatment does not specify the quantity or duration the treatment would last. While acknowledging that each country may have a way of prescribing medications, the World Health Organization recommends prescriptions should contain the following information: Name, address, telephone of prescriber; Date; Generic name of the drug, strength; Dosage form, total amount; Label: instructions, warnings; Name, address, age of patient; Signature or initials of prescriber;

Lidoderm patches (Unspecified quantity or/and duration): 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): Topical Analgesics. Decision based on Non-MTUS Citation http://apps.who.int/medicinedocs/en/d/Jwhozip23e/5.4.html#Jwhozip23e.5.4.

Decision rationale: The injured worker sustained a work related injury on 02-14-2013. The medical records provided indicate the diagnosis of lumbar myofascial pain, lumbar stenosis, lumbar degenerative disc disease, intervertebral disc disease, and chronic sternal strain. Treatments have included chiropractic treatments, work restrictions, and pain medications. The medical records provided for review do not indicate a medical necessity for Lidoderm patches (Unspecified quantity or/and duration). The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidoderm patch is a topical analgesic

containing 5% Lidocaine. It is only recommended for treatment of post-herpetic neuralgia. The Injured worker has not been diagnosed of post-herpetic neuralgia. Also, the prescription does not follow the World Health Organizations recommendation that includes specifying quantity. The request is not medically necessary.

Naproxen (Unspecified quantity or/and duration): 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): NSAIDs (non-steriodal anti-inflammatory drugs), NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: The injured worker sustained a work related injury on 02-14-2013. The medical records provided indicate the diagnosis of lumbar myofascial pain, lumbar stenosis, lumbar degenerative disc disease, intervertebral disc disease, and chronic sternal strain. Treatments have included chiropractic treatments, work restrictions, and pain medications. The medical records provided for review do not indicate a medical necessity for Naproxen (Unspecified quantity or/and duration). The MTUS recommends the use of the e lowest dose of NSAIDs for the shortest period in patients with moderate to severe pain. The MTUS recommends against the prolonged use of NSAIDs due to their effects on bone healing and risk of hypertension. Therefore, the requested treatment is not medically necessary because the injured worker has been using NSAIDs at least since 04/2015, and secondly because the prescription does not specify the quantity.