

Case Number:	CM15-0190139		
Date Assigned:	10/02/2015	Date of Injury:	08/24/2002
Decision Date:	11/12/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/28/2015

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 43 year old male with a date of injury on 08-24-2002. The injured worker is undergoing treatment for left sacroiliitis, reflux associated with pain medications, myofascial pain, lumbar disc bulging at L4-5 and S1, and lumbar sprain-strain. Physician progress notes dated from 06-24-2015 to 08-05-2015 documents the injured worker complains of low back pain rated 7-8 out of 10 and it is associated with tightness and spasms in the lumbar region. It radiates to the left lower extremity. Baclofen helps for the muscle pain and spasms. Hydrocodone helps for overall pain. It increases his activity and pain tolerance. He walks with an antalgic gait. There is tenderness over the lumbar facet joints and in the left posterior superior iliac spine. Patrick test is positive on the left. There is dyesthesia noted to light touch in the left L5 dermatome. There is documentation that he was in an auto accident on May 13-2015 and he has pain in the neck and thoracic region. He feels his pain is worse since the accident. He has been on Norco since at least 03-12-2015 and there is documentation he has been on Baclofen since at least 07-24-2015. On 09-03-2015 Utilization Review non-certified the request for Baclofen 10 mg Qty 30 (retrospective 07/27/15), and weaning is recommended. One month supply of meds is approved for weaning purposes. Norco 10/325 mg Qty 120 (retrospective 07/27/15) was non- certified and weaning is recommended. One month supply is approved for weaning purposes.

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 120 (retrospective 07/27/15): 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): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis.

Decision rationale: The injured worker sustained a work related injury on 08-24-2002. The medical records provided indicate the diagnosis of left sacroiliitis, reflux associated with pain medications, myofascial pain, lumbar disc bulging at L4-5 and S1, and lumbar sprain-strain. Treatments have included Norco, Baclofen and Ibuprofen. The medical records provided for review do not indicate a medical necessity for Norco 10/325 mg Qty 120 (retrospective 07/27/15). The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been using this medication at least since 03/2015; the injured worker had a motor vehicle accident in 05/2015, following which the pain worsened. The injured worker is working modified duty. The medical records indicate monitoring pain, activities of daily living, adverse effects and aberrant behavior are not following the MTUS guidelines. The requested treatment is not medically necessary due to poor monitoring.

Baclofen 10 mg Qty 30 (retrospective 07/27/15): 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 injured worker sustained a work related injury on 08-24-2002. The medical records provided indicate the diagnosis of left sacroiliitis, reflux associated with pain medications, myofascial pain, lumbar disc bulging at L4-5 and S1, and lumbar sprain-strain. Treatments have included Norco, Baclofen and Ibuprofen. The medical records provided for review do not indicate a medical necessity for Baclofen 10 mg Qty 30 (retrospective 07/27/15). The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Baclofen, an antispasmodic, is recommended for the 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, non- FDA approved). The medical records do not indicate the injured worker is being treated for multiple sclerosis or spinal cord injury. Therefore, the requested treatment is not medically necessary.