

Case Number:	CM15-0192153		
Date Assigned:	10/06/2015	Date of Injury:	05/10/2004
Decision Date:	11/18/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/29/2015

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 54-year-old who has filed a claim for chronic low back, neck, and foot pain reportedly associated with an industrial injury of May 10, 2004. In a Utilization Review report dated September 11, 2015, the claims administrator failed to approve requests for baclofen, Norco, and Valium. The claims administrator referenced an RFA form received on September 4, 2015 in its determination, along with an associated progress note of August 25, 2015. The applicant's attorney subsequently appealed. On a 7-page appeal letter dated October 8, 2015, the attending provider appealed previously denied Norco, baclofen, and Valium. The attending provider contended that the applicant was employing both Valium and baclofen for antispasmodic purposes. The attending provider contended that the applicant's pain scores had been reduced with ongoing Norco usage and stated that the applicant's ability to perform unspecified activities of daily living had been ameliorated with ongoing Norco usage. On a progress note dated August 25, 2015, the applicant reported ongoing complaints of low back pain. The applicant had comorbidities including hypertension, it was reported. The applicant's medication list included Norco, Valium, Butrans, Norvasc, Tenormin, and Zestril, it was reported. The applicant not returned to work, the treating provider reported in the Social History section of the note. The applicant was given a rather proscriptive 10-pound lifting limitation. The attending provider's reporting of the applicant's work status was, at times, internally inconsistent, as one section of the note stated that the applicant would "remain on total temporary disability" on the grounds that the applicant's employer was unable to accommodate limitations. Other sections of the note stated that the applicant had returned to work at one point in time.

Overall, the preponderance of evidence suggested that the applicant had not, in fact, returned to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

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 for the treatment of muscle spasms and/or spasticity associated with multiple sclerosis and/or spinal cord injuries but can be employed off label 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, the applicant remained off of work, despite ongoing baclofen usage, the treating provider suggested on August 25, 2015. Ongoing usage of baclofen failed to curtail the applicant's dependence on opioid agents such as Norco and Butrans or benzodiazepines such as Valium. A rather proscriptive 10-pound lifting limitation was renewed on August 25, 2015, seemingly resulting in the applicant's removal from the workplace. The applicant continued to report issues with difficulty negotiating stairs, diminished walking tolerance, and sleep disturbance, as of August 25, 2015. 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.

Norco 10/325mg #90: 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, criteria for use.

Decision rationale: Similarly, the request for Norco, a short-acting opioid, is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it

was reported on August 25, 2015. While the treating provider stated on an appeal letter dated October 8, 2015 that ongoing usage of Norco was beneficial in terms of attenuating the applicant's pain complaints and improving performance of unspecified activities of daily living, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to identify meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request is not medically necessary.

Valium 5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Finally, the request for Valium, a benzodiazepine agent, is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, long-term usage of benzodiazepines is unproven, whether employed for sedative effect, hypnotic effect, anxiolytic effect, anticonvulsant effect, or the muscle relaxant effect for which Valium was seemingly being employed here, with most guidelines limiting usage of the same to 4 weeks. Here, thus, the renewal request for Valium, in effect, represented treatment which ran counter to and in excess of the 4-week limit set forth on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines for benzodiazepine usage. Therefore, the request is not medically necessary.