

Case Number:	CM15-0196099		
Date Assigned:	10/09/2015	Date of Injury:	01/19/2011
Decision Date:	11/18/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/06/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 47 year old female who sustained an industrial injury on 01-19-2011. According to a progress report dated 09-23-2015, the injured worker was status post right knee surgery which was followed by complications of blood clots. She had finished a total of 16 physical therapy sessions for her knee and 6 for her low back. She reported low back pain that radiated into her right lower extremity with numbness in her toes. Pain was rated 7 on a scale of 1-10 with medication. She was only using Norco from this office. She was currently doing modified work part time. Current medications included Norco, Baclofen, Gabapentin, Prilosec, Movantik and Coumadin. Treatment to date has included medications, physical therapy, knee surgery and a lumbar epidural steroid injection. Examination of the lumbar spine demonstrated restricted range of motion with flexion, extension, right lateral bending and left lateral bending. Straight leg raise was positive bilaterally right greater than left. Faber test was positive. "Significant" tightness was noted in the left lumbar paravertebral muscles, mild on right side. Range of motion of the knee was restricted with flexion and extension. Diagnoses included thoracic or lumbosacral neuritis or radiculitis not otherwise specified, lumbar disc displacement without myelopathy and lumbago. The treatment plan included Norco, Neurontin, Prilosec, Baclofen and trial of Movantik and trial of bilateral therapeutic L5-S1 transforaminal injections. An authorization request dated 09-23-2015 was submitted for review. The requested services included Norco 10-325 mg four times a day #120 for today and another with do not fill before 10-22-2015, Neurontin 600 mg #150 with 1 refill, Prilosec 20 mg #30 with 1 refill, Baclofen 10

mg #30 with 1 refill and trial of Movantik 25 mg #30 with 1 refill and trial of bilateral therapeutic L5-S1 transforaminal injections under fluoroscopy. On 10-01-2015, Utilization Review non-certified the request for Baclofen 10 mg #30 with 1 refill and Movantik trial 25 mg #30 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Baclofen 10mg #30 with 1 refill is not medically necessary per the MTUS Guidelines. The MTUS states that this medication is recommended orally 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. The documentation does not reveal that the patient has spasticity due to the above conditions therefore this medication is not medically necessary.

Movantik trial 25mg #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com, Movantik.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Opioid-induced constipation treatment.

Decision rationale: Movantik trial 25mg #30 with 1 refill is not medically necessary per an online review of this medication and the MTUS and the ODG. The MTUS recommends prophylactic treatment of constipation initiated with opioid use. The MTUS or ODG does not specifically discuss this medication. The ODG does state that simple treatments can help opioid induced constipation including increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber. These can reduce the chance and severity of opioid-induced constipation and constipation in general. The documentation does not indicate what first line therapy has been attempted with this patient therefore this request is not medically necessary.