

Case Number:	CM15-0200126		
Date Assigned:	10/15/2015	Date of Injury:	07/26/2014
Decision Date:	11/24/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/12/2015

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: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 51 year old male, who sustained an industrial injury on 7-26-14. He reported low back pain. The injured worker was diagnosed as having status post right L5-S1 laminectomy and discectomy with persistent right radicular pain. Treatment to date has included an unknown number of physical therapy visits, aquatic therapy, L5-S1 laminectomy and discectomy on 2-18-15, and medication including Hydrocodone-Acetaminophen, Naprosyn, Baclofen, and Gabapentin. A MRI was noted to have revealed a compression fracture at L2 and significant bulging discs at 2 levels. On 8-27-15 the treating physician noted "paraspinal muscle tenderness and seated straight leg raise reproduces leg pain. There is no paraspinal soft tissue induration or spasm and decreased of painful forward flexion is demonstrated and patient arises abnormally." On 6-3-15, pain was rated as 5 of 10 with medication and 8 of 10 without medication. On 7-7-15, pain was rated as 6-7 of 10 with medication and 8-9 of 10 without medication. The injured worker had been taking Hydrocodone-Acetaminophen and Baclofen since at least March 2015. On 7-7-15, the treating physician noted "Baclofen causes nausea and dizziness." On 8-27-15, the injured worker complained of back pain. On 8-31-15, the treating physician requested Baclofen 20mg #120 with 2 refills and Hydrocodone-Acetaminophen 10-325mg #180. On 9-8-15 the requests were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20mg quantity 120 with two refills: 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: Per CA MTUS, Chronic Pain Medical Treatment Guidelines, Muscle relaxants (for pain): "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." "The mechanism of action is blockade of the pre- and post-synaptic GABAB receptors. It 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." In this case, there is no evidence in the medical records from 7/7/15 of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. There is no evidence of lancinating, paroxysmal neuropathic pain. There is no evidence that this is planned to be a short-term treatment of acute exacerbations in patients with chronic LBP. As this patient does not meet CA MTUS guidelines for the use of Baclofen, the request is not medically necessary.

Hydrocodone-Acetaminophen 10/325mg quantity 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 7/7/15. Therefore, the request is not medically necessary.