

Case Number:	CM15-0202331		
Date Assigned:	10/19/2015	Date of Injury:	09/28/1998
Decision Date:	12/02/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/14/2015

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, California
 Certification(s)/Specialty: Family Practice

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 44 year old, female who sustained a work related injury on 9-28-98. A review of the medical records shows she is being treated for neck and shoulder pain. In progress notes dated 9-3-15, the injured worker reports pain and stiffness in neck and shoulders. "Needs medications to remain at work." On physical exam dated 9-3-15, she has myospasm in her neck and trapezius muscles. Treatments have included medications. Current medications include Hydrocodone, Baclofen, Tizanidine and Ibuprofen. She has been taking the Hydrocodone since at least March, 2015 and the Baclofen since at least June, 2015. There is no documentation if these medications are effective in decreasing her pain or increasing her functional capabilities. She is working with modified duty. The treatment plan includes refills of medications. The patient has had MRI of the cervical spine on 9/3/15 that revealed disc protrusions, foraminal narrowing, and degenerative changes Per the note dated 10/1/15 the patient had complaints of increased pain in neck and shoulder and had myospasm. A recent urine drug screen report was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 7.5/325mg QTY: 90: Upheld

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

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

Decision rationale: Request: Hydrocodone 7.5/325mg QTY: 90. The requested medication is Hydrocodone (an opioid) in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function; Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. The level of pain control with lower potency opioids and other non-opioid medications (antidepressants/ anticonvulsants), without the use of opioid, was not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Hydrocodone 7.5/325mg QTY: 90 are not established for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms. The request is not medically necessary.

Baclofen 10mg QTY: 90: 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): Antiepilepsy drugs (AEDs), Muscle relaxants (for pain).

Decision rationale: Request: Baclofen 10mg QTY: 90. According to California MTUS, Chronic pain medical treatment guidelines, Baclofen, "It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries." Evidence of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries was not

specified in the records provided. California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guidelines, "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications." The patient had a chronic injury and an evidence of acute exacerbations in pain and muscle spasm was not specified in the records provided. The date of injury for this patient is 9/28/98. As the patient does not have any acute pain at this time, the use of muscle relaxants is not supported by the CA MTUS chronic pain guidelines. Furthermore as per guidelines skeletal muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. The patient's medication list includes Tizanidine which is a muscle relaxant. A detailed response of Tizanidine was not specified in the records specified. The rationale for adding another muscle relaxant was not specified in the records specified. The medical necessity of Baclofen 10mg QTY: 90 is not fully established for this patient at this time. The request is not medically necessary.