

Case Number:	CM15-0204622		
Date Assigned:	10/21/2015	Date of Injury:	11/12/2012
Decision Date:	12/03/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/19/2015

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
 Certification(s)/Specialty: Emergency 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:

This is a 46-year-old female with a date of industrial injury 11-12-2012. The medical records indicated the injured worker (IW) was treated for intervertebral disc disorder with radiculopathy of the lumbar region; strain of sacroiliac ligament; and labral tear of hip, degenerative. In the supplemental reports (7-2-15, 8-27-15, 9-28-15), the IW reported left-sided back pain that radiated into the left lateral thigh. She reported significant partial pain relief with her medications without distressing side effects. The provider noted there were no signs of diversion. Her minimum pain was 5 out of 10 and her current pain was 5 out of 10. On examination (8-27-15, 9-28-15 notes), there was pain on palpation at L3 through S1 and over the lumbar intervertebral spaces (discs). There was pain on palpation over the right sacroiliac joint. Her gait was antalgic. Extension and anterior flexion of the lumbar spine produced pain. Patrick's test was positive on the left only. Motor strength was grossly normal. Treatments included chiropractic care, which she stopped due to pain; epidural steroid injections, with good, but temporary results; physical therapy, without relief; Baclofen (prescribed 8-27-15) and Duexis (since at least 7-2015), Cyclobenzaprine, Cymbalta and Tramadol. A Request for Authorization was received for Baclofen 10mg #60 and Duexis 800mg-26.6mg #90. The Utilization Review on 9-16-15 non-certified the request for Baclofen 10mg #60 and Duexis 800mg-26.6mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #60: 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: The requested Baclofen 10mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has left-sided back pain that radiated into the left lateral thigh. She reported significant partial pain relief with her medications without distressing side effects. The provider noted there were no signs of diversion. Her minimum pain was 5 out of 10 and her current pain was 5 out of 10. On examination (8-27-15, 9-28-15 notes), there was pain on palpation at L3 through S1 and over the lumbar intervertebral spaces (discs). There was pain on palpation over the right sacroiliac joint. Her gait was antalgic. Extension and anterior flexion of the lumbar spine produced pain. Patrick's test was positive on the left only. Motor strength was grossly normal. Treatments included chiropractic care, which she stopped due to pain; epidural steroid injections, with good, but temporary results; physical therapy, without relief; Baclofen (prescribed 8-27-15) and Duexis (since at least 7-2015), Cyclobenzaprine, Cymbalta and Tramadol. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, or objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Baclofen 10mg #60 is not medically necessary.

Duexis 800mg 26.6mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), Medications - compounded.

Decision rationale: The requested Duexis 800mg 26.6mg #90 is not medically necessary. CA MTUS 2009 ACOEM is silent on this issue. Official Disability Guidelines (ODG) - Pain (chronic), Medications - compounded, do not recommend compounded medications as there is no clear evidence "about whether compounding medications are more efficacious than the single medication." The injured worker has left-sided back pain that radiated into the left lateral thigh. She reported significant partial pain relief with her medications without distressing side effects. The provider noted there were no signs of diversion. Her minimum pain was 5 out of 10 and her current pain was 5 out of 10. On examination (8-27-15, 9-28-15 notes), there was pain on palpation at L3 through S1 and over the lumbar intervertebral spaces (discs). There was pain on palpation over the right sacroiliac joint. Her gait was antalgic. Extension and anterior flexion of the lumbar spine produced pain. Patrick's test was positive on the left only. Motor strength was grossly normal. Treatments included chiropractic care, which she stopped due to pain; epidural steroid injections, with good, but temporary results; physical therapy, without relief; Baclofen (prescribed 8-27-15) and Duexis (since at least 7-

2015), Cyclobenzaprine, Cymbalta and Tramadol. The treating physician has not documented the medical necessity for compounded medications over single medications, nor failed trials of the constituent ingredient single medications. The criteria noted above not having been met, Duexis 800mg 26.6mg #90 is not medically necessary.