

Case Number:	CM15-0205495		
Date Assigned:	10/22/2015	Date of Injury:	05/09/2002
Decision Date:	12/08/2015	UR Denial Date:	10/01/2015
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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61 year old male who sustained an industrial injury on 5-9-2002. A review of medical records indicates the injured worker is being treated for failed RT inguinal hernia with concomitant difficulties and chronic pain syndrome. Medical records dated 9-17-2015 noted constant pain in the groin and right testicle. Pain was rated a 9 out of 10 without medications and a 7 out of 10 with medications. Pain remained unchanged from the prior visit. Physical examination noted hernia-right testicle. There were moderate muscle spasm in the pubic area, left anterior pelvis, hip and right anterior pelvis-hip. Treatment has included Ibuprofen and Baclofen since at least 9-17-2015. Utilization review form dated 10-1-2015 noncertified Baclofen 20mg #60 and Ibuprofen 800mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20mg #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: MTUS discusses Baclofen as recommended for central nervous system diagnoses including multiple sclerosis or spinal cord injury. MTUS does not recommend this medication for diagnoses not related to the central nervous system. The records do not provide an alternate rationale for this request. The request is not medically necessary.

Ibuprofen 800mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: MTUS recommends NSAIDs as a first-line drug class for chronic musculoskeletal pain. A prior physician review concluded that this medication is not medically necessary but did not clearly document a rationale for that determination. This patient has reported subjective improvement from Ibuprofen in this case, consistent with MTUS guidelines. The request is medically necessary.