MAXIMUS Federal Services

Case Number:	CM15-0022370		
Date Assigned:	02/11/2015	Date of Injury:	01/20/1992
Decision Date:	03/31/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/06/2015

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: Florida, New York, Pennsylvania
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:

This 52 year old male sustained an industrial injury on 1/20/92, with subsequent ongoing thoracic spine pain. No recent magnetic resonance imaging was submitted for review. In an office visit dated 1/5/15, the injured worker complained of daily back pain with radiation down the right leg. The injured worker rated his pain 5-8/10 on the visual analog scale without medications and 2-3/10 with medications. The treatment plan included continuing medications (Baclofen, Norco 10/325, Ibuprofen) and continuing aqua therapy. On 2/2/15, Utilization Review modified a request for Norco 10/325mg Qty 240 to Norco 10/325mg Qty 180 and Baclofen 20mg Qty 120 to Baclofen 20mg Qty 60 citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Qty 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Page(s): 80, 81, 88.

Decision rationale: If the decision has been taken to use Opioids long term Long-term (6-months or more) the following should be instituted for regular consideration: (a) Has the diagnosis changed (b) What other medications is the patient taking, "Are they effective, producing side effects" (c) What treatments have been attempted since the use of opioids. Have they been effective For how long (d) Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument (e) Document adverse effects: constipation, nausea, vomiting, headache, dyspepsia, pruritis, dizziness, fatigue, dry mouth, sweating, hyperalgesia, sexual dysfunction, and sedation. (f) Does the patient appear to need a psychological consultation? Issues to examine would include motivation, attitude about pain/work, return-to-work, social life including interpersonal and work-related relationships. (g) Is there indication for a screening instrument for abuse/addiction. Continuing Opioids makes sense if (a) If the patient has returned to work (b) If the patient has improved functioning and pain. In this case the member shows stability in response with a good reduction in pain that has allowed him to continue to function at work. He appears to fulfill the necessary criteria to continue the use of opioids. The modification in amount is appropriate to align with the prescribed detail (q4h). The UR Modification is supported.

Baclofen 20mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Page(s): 63, 64.

Decision rationale: Non-sedating muscle relaxants can be recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. 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. (Homik, 2004) Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include baclofen. Therefore based on current evidence the continued regular use of Baclofen versus a potential role for short term management of exacerbations cannot be supported. The UR Modification to allow weaning and discontinuation is supported.