

Case Number:	CM15-0023160		
Date Assigned:	02/12/2015	Date of Injury:	05/30/2012
Decision Date:	04/08/2015	UR Denial Date:	01/28/2015
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: California, Arizona
 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 57-year-old female who reported an injury on 05/30/2012. The mechanism of injury was unspecified. Her relevant diagnoses include lumbar spine sprain/strain, lumbosacral radiculopathy, and an ankle tendonitis/bursitis. Her past treatments were noted to include medications and surgery. On 12/22/2014, the injured worker presented for a follow-up status post sesamoid excision. The physical examination revealed intact motor and sensory function with decreased swelling over the wound. Her relevant medications were noted to include baclofen 10 mg, diazepam 10 mg, iodine potassium, Norco 10/325 mg, progesterone 400 mg, and Soma 350 mg. The injured worker rated her pain scale at a 4/10. The treatment plan included Norco and baclofen. A rationale was not provided. A Request for Authorization form was submitted on 12/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

Decision rationale: The request for Norco 10/325 mg #90 is not medically necessary. According to the California MTUS Guidelines, ongoing monitoring of chronic pain patients on opioids include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The injured worker was indicated to have been on Norco for an unspecified duration of time. However, there was a lack of documentation in regard to objective functional improvement, an objective decrease in pain, and evidence of monitoring for side effects and aberrant drug related behaviors. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Baclofen 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The request for baclofen 20 mg #60 is not medically necessary. According to the California MTUS Guidelines, muscle relaxants are recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The injured worker was indicated to have been on baclofen for an unspecified duration of time. However, there was a lack of documentation to indicate the injured worker had mild spasms or an acute exacerbation in low back pain. In addition, the guidelines do not recommend the use due to diminished efficacy over time and the risk for dependence. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.