

Case Number:	CM15-0224051		
Date Assigned:	11/20/2015	Date of Injury:	03/23/2012
Decision Date:	12/30/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/13/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 58 year old female, who sustained an industrial injury on 3-23-2012. The injured worker was diagnosed as having brachial neuritis and cervicgia. Treatment to date has included diagnostics and medications. On 9-15-2015, the injured worker complains of neck pain, migraines, and right hand-fingertips numbness and tingling. She reported that symptoms had "gotten worse" since last visit. She reported sleeping 4 hours per night and independence with activities of daily living. Pain was rated 2-4 (rated 5 on 8-18-2015) with medications and 8-10 without (rated 10 on 8-18-2015). She was working full time. She reported the elimination of no medication, with a reduction in Oxycodone by 60 (unspecified) and Zofran by 30 (unspecified). Current medication regimen was not noted. A current physical examination was not noted. She was given work restrictions for her right hand. On 10-14-2015, she reported a severe migraine and being in bed for 2 days. She was off work. The treating provider noted that Frova continued to help with migraines much better than Percocet. Baclofen was to increase to 20mg every 8 hours. Zofran was used for vomiting from migraine. Previous magnetic resonance imaging of the brain report was not noted (referenced in Agreed Medical Re- Evaluation Report 1-06-2015). Urine toxicology was not submitted. The duration of Baclofen and Percocet use could not be determined. The current treatment plan included new magnetic resonance imaging of the head-brain, with and without contrast, Percocet 10-325mg #120, and Baclofen 20mg #90, non-certified by Utilization Review on 10-21-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the head/brain with and without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head: Diagnostic imaging.

Decision rationale: MRI of the head/brain with and without contrast is not medically necessary. The ODG states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before entering an imaging study. Indiscriminate imaging will result in false positive findings. If physiologic evidence indicates tissue consult for nerve impairment, the practitioner can discuss with a consultant the flexion of an imaging test to find a potential cause (magnetic resonance imaging for neural or soft tissue, computed tomography for bony structures). The enrollee's symptoms remain unchanged and there is no history of new trauma. There is no indication for another MRI. Therefore, the request is not medically necessary.

Percocet 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

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

Decision rationale: Percocet 10/325mg #120 is not medically necessary. MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid. Therefore, the requested medication is not medically necessary.

Baclofen 20mg #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): Muscle relaxants (for pain).

Decision rationale: Baclofen 20mg #90 is not medically necessary. CA MTUS supports the short-term use of non-sedating muscle relaxants as a second-line option in the management of acute pain and acute exacerbations of chronic pain. This medication is a sedating muscle relaxant apparently being utilized for long-term treatment, and the documentation does not identify acute pain or an acute exacerbation of chronic pain. In addition, there is no documentation of efficacy with the use of this medication. Furthermore, the records note that the initial dose of Baclofen did not provide sufficient pain relief. Therefore, the requested medication is not medically necessary.