

Case Number:	CM15-0036748		
Date Assigned:	03/05/2015	Date of Injury:	08/07/2000
Decision Date:	04/15/2015	UR Denial Date:	02/22/2015
Priority:	Standard	Application Received:	02/26/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, chronic mid back pain, and chronic pain syndrome reportedly associated with industrial injury of August 7, 2000. In a Utilization Review Report dated February 20, 2015, the claims administrator failed to approve requests for Norco and baclofen. A progress note dated February 9, 2015 was referenced in the determination. The claims administrator suggested that the applicant had alleged development of low back pain secondary to cumulative trauma at work. The claims administrator noted that the applicant had undergone earlier failed spine surgery. The applicant's attorney subsequently appealed. In a progress note dated February 9, 2015, the applicant reported persistent complaints of low back pain, moderate-to-severe. Radiation of pain to bilateral lower extremities is evident. The applicant stated that negotiating stairs, standing, walking, and sitting all remained problematic. Highly variable pain complaints ranging from 3-8/10 pain were reported. The applicant's BMI was 30. The applicant's medications include metformin, Zestril, Flomax, Celebrex, Colchicine, allopurinol, Norco, Lidoderm, Lyrica, and baclofen, several of which were refilled. The applicant was using a cane to move about. The attending provider acknowledged that the applicant was "permanently disabled." Epidural steroid injection therapy was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 7.5mg/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for hydrocodone-acetaminophen (Norco), a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off work. The applicant was receiving both Workers Compensation indemnity benefits and disability insurance benefits, the treating provider acknowledged. The applicant's pain complaints were consistently scored as moderate to severe. The applicant was having difficulty performing of activities daily living as basic as sitting, standing, walking, and negotiating stairs, despite ongoing Norco usage. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.

Baclofen 20mg #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: Similarly, the request for baclofen, an antispasmodic medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 64 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that baclofen is recommended orally in the management of spasticity associated with multiple sclerosis and/or spinal cord injuries but can be employed off label for neuropathic pain, as was present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, the applicant was off of work. The applicant had been deemed permanently disabled and was receiving both Workers' Compensation indemnity benefits and disability insurance benefits, the treating provider acknowledged. Ongoing usage of baclofen had failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request was not medically necessary.

