

Case Number:	CM15-0047511		
Date Assigned:	03/19/2015	Date of Injury:	10/23/2006
Decision Date:	04/24/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/12/2015

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: Arizona, California
 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:

The injured worker is a 31 year old male, who sustained an industrial injury on 10/23/2006. Diagnoses include thoracic intervertebral disc extrusions at T6-7, T7-8 and cord impingement with mild myelopathic symptoms of left foot tingling, cervical degenerative changes with persistent headache and neck pain, thoracic rib dysfunction and pain with thoracic radiculopathic symptoms, left shoulder ankyloses due to thoracic myofascial tension, left upper extremity paresthasias, numbness and weakness in the C8 distribution, and chronic severe pain. Treatment to date has included diagnostics including magnetic resonance imaging (MRI), TENS unit, medications, exercise, trigger point injections, orthopedic consultation and bilateral facet steroid injections. Per the Primary Treating Physician's Progress Report dated 6/18/2014, the injured worker reported increasing left shoulder pain with paresthasias radiating to the left upper extremity. Physical examination revealed tenderness to palpation at myofascial trigger points of the cervical spine. Flexion produced thoracic pain on the left at the T8 area. There was restricted range of motion. Shoulder examination revealed pain inhibited strength measured 4/5 on the left. Lift off test and impingement test were positive. Left shoulder flexion and abduction caused significant pain in the left posterior shoulder. Tenderness to palpation with taut bands were found at myofascial trigger points with twitch response at the levator scapula, trapezius, supraspinatus, and teres major causing radiating pain to the left shoulder and upper extremity. Range of motion was restricted. The left thoracic region of the spine was sensitive to pressure with radiating pain along the thoracic dermatomes at T8-10. Deep pressure on the left paravertebral regions resulted in muscle spasm. The plan of care included activity restrictions, follow up care and refill of

prescription medications and authorization was requested on 6/25/2014 for Baclofen 20mg #90, Tramadol, 50mg #90 and Norco 10/325mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 64.

Decision rationale: It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia). In this case, the claimant has been on Baclofen for months without the above diagnoses. In addition, the prior clinical notes from August 2014 indicate the claimant had 50% relief from Baclofen, 50% from Norco and 50% from Tramadol- indicating 150%. In consistencies in pain documentation along with no clear indication and the continued use of Baclofen is not medically necessary.

Tramadol 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant had been on Norco and Tramadol with mention of 50% relief with each of the medication. This would indicate 100% relief, which was no consistent with the claimant's complaints. In addition, long-term use of multiple opioids is not recommended and is not medically necessary.

Norco (Hydrocodone/APAP) 10/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over 8 months with inconsistencies in pain relief as noted above in combination with Tramadol. There is no mention of NSAID or Tylenol failure. The continued use of Norco is not medically necessary.