

Case Number:	CM15-0054879		
Date Assigned:	03/30/2015	Date of Injury:	09/10/2007
Decision Date:	05/06/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/23/2015

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, Hawaii
 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 47-year-old male, who sustained an industrial injury on September 10, 2007. He has reported lower back pain. Diagnoses have included lower back pain, lumbar spine degenerative disc disease, and lumbar spine radiculopathy. Treatment to date has included medications, physical therapy, imaging studies, and diagnostic testing. A progress note dated February 18, 2015 indicates a chief complaint of lower back pain and poor sleep quality. The treating physician documented a plan of care that included medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #160: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, and Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
 Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the low back. The current request is for Norco 10/325mg #160. The treating physician report dated 2/18/15 (43C) states, "With Norco he can function, perform ADL's, and live his 'normal life' per patient. The patient reports that with 6 Norco per day he can exercise and has lost 10lbs. His goal weight is 210lbs (currently he is 248lbs). Without medications, he is only able to lie in bed and on the recliner due to pain that is severe. These medications keep him functional and active within his limitation." The report goes on to state, "Increase Norco #135 to #160 (5-6 tabs max/day) to address increased pain secondary to CA dx and Chemo/Radiation treatment." MTUS pages 88 and 89 states "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." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided show the patient has been taking Norco since at least 10/1/14. The report dated 2/18/14 notes that the patient's pain has decreased from 7.5/10 to 3.5/10 while on current medication. Patient noted no adverse effects or adverse behavior. The patient's ADL's have improved such as the ability to exercise. The physician has a signed pain agreement on file and discussed the rules and regulations surrounding prescription opioids and compliance at length with the patient during the last visit. The continued use of Norco has improved the patient's symptoms and has allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patient's pain level has been monitored upon each visit and functional improvement has been documented. Recommendation is for authorization.

Baclofen 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: The patient presents with pain affecting the low back. The current request is for Baclofen 10mg #60. The treating physician report dated 2/18/15 (43B) states, "Continue Baclofen for muscle spasm and night time use." MTUS guidelines for muscle relaxants for pain page 63 states the following: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." The MTUS guidelines go on to state: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." Additionally, antispasticity drugs such as Baclofen can be used to decrease spasticity in conditions such as cerebral palsy, MS, and spinal cord injuries. Medical reports provided, show the patient has been taking Baclofen since at least 10/1/14. In this case, there is no documentation of any spasticity during examination in the reports provided for review. Furthermore, Baclofen is only recommended for short-term use and the patient has been prescribed this medication for at least

four months. The current request does not satisfy the MTUS guidelines as outlined on pages 63-64. Recommendation is for denial. Therefore, this request is not medically necessary.