MAXIMUS Federal Services

Case Number:	CM15-0055524		
Date Assigned:	03/30/2015	Date of Injury:	10/05/2011
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
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
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 30 year old female, who sustained an industrial injury on 10/5/2011. She reported injury after picking up a heavy tray. The injured worker was diagnosed as having lumbar sprain/strain, discogenic low back pain, bilateral hip pain and myofascial pain. There is no record of a recent diagnostic study. Treatment to date has included joint injections, physical therapy and medication management. In progress notes dated 12/1/2014 and 12/24/2014, the injured worker complains of right hip pain. The treating physician is requesting Baclofen and Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

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

Decision rationale: The patient was injured on 10/05/11 and presents with right hip pain and back pain. The request is for BACLOFEN 10 MG #90. There is no RFA provided and the patient has "light duty work." There is no indication of when the patient began taking this medication. Regarding muscle relaxants for pain, MTUS Guidelines page 63 states, recommend nonsedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs and pain and overall improvement. Also, there is no additional benefit shown in combination with the NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene, and baclofen. The patient is slow and guarded in her transfers and ambulation. She has a limited back range of motion and tenderness to palpation across the paraspinal muscles of the L5 spine. She is diagnosed with bilateral hip pain, discogenic low back pain, and low back pain. There is no indication of how Baclofen has impacted the patient's pain and function. Based on the guidelines, the requested medication is listed as one with the least published evidence of clinical effectiveness and is recommended for short-term use only. The current request is for 90 tablets of baclofen 10 mg. There is no indication if this medication will be used on a short-term basis. Therefore, the requested Baclofen IS NOT medically necessary.

Ultram 50mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient was injured on 10/05/11 and presents with right hip pain and back pain. The request is for BACLOFEN 10 MG #90. There is no RFA provided and the patient has "light duty work." There is no indication of when the patient began taking this medication. For chronic opioid use in general, MTUS guidelines pages 88 and 89, state, the patient should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS, page 78, also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, times it takes for medication to work, and duration of pain relief. In this case, none of the 4 A's are addressed as required by MTUS guidelines. The treater does not provide any before-and-after medication pain scales. There are no examples of ADLs, which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/ side effects. There are no pain management issues discussed such as CURES report, pain contract, etc. No outcome measures are provided either as required by MTUS guidelines. No urine drug screens are provided to indicate if the patient is compliant with his prescribed medications. The treating physician does not proper documentation that is required by MTUS guidelines for continued opioid use. Therefore, the requested Ultram IS NOT medically necessary.