

Case Number:	CM15-0056048		
Date Assigned:	04/01/2015	Date of Injury:	07/11/2013
Decision Date:	05/01/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/24/2015

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 49-year-old male, who sustained an industrial injury on July 11, 2013. He reported chronic back pain, bilateral shoulder pain and chronic neck pain. The injured worker was diagnosed as having cervical radiculopathy, lumbar radiculopathy and bilateral shoulder strain. Treatment to date has included radiographic imaging, diagnostic studies, a TENS unit, trigger point injections, medications and work restrictions. Currently, the injured worker complains of chronic back pain, bilateral shoulder pain and chronic neck pain. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. He reported requiring assistance with dressing, bathing and grooming. Evaluation on February 24, 2015, revealed continued pain. He reported little benefit with previous injections. Medications were evaluated and renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, 124.

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. The progress note on 2/24/15 indicated, "Narcotics are not a good long term solution." In this case, the claimant had been on opioids including Morphine for several years with persistent 6-10/10 pain. The continued and chronic use of Norco is not medically necessary.

Baclofen 10mg QTY: 30: Upheld

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

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

Decision rationale: According to the guidelines, Baclofen 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. In this case, the claimant did not have the above diagnoses. In addition, Baclofen is intended for short-term use. As a result, the request for Baclofen is not medically necessary.