

Case Number:	CM15-0087568		
Date Assigned:	05/11/2015	Date of Injury:	02/05/2001
Decision Date:	06/11/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/07/2015

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, Pain Management

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 62 year old female who sustained an industrial injury on 2/5/2001. Her diagnoses, and/or impressions, are noted to include: derangement of joint of shoulder region with pain in limb; genetic torsion dystonia; and displacement of cervical inter-vertebral disc without myelopathy. No recent imaging studies or electrodiagnostic studies are not noted. Her treatments have included failed trigger point injections, Toradol injection, and short-course prednisone taper; medication management; rest from work followed by a return to work with modified work duties. Progress notes of 3/26/2015 reported a severe flare-up of left-sided neck, shoulder and upper extremity pain, following a failed prednisone taper, with a rating her pain as a 10/10. The objective findings were noted to include tearing due to uncharacteristic pain; tenderness, spasms and painful range-of motion; decreased sensation to several left fingers and right thumb; and decreased grip strength. The physician's requests for treatments were noted to include Norco for pain and Baclofen until her neck can be more fully assessed with advanced imaging, also requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #42: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.

Baclofen 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

Decision rationale: Regarding the request for Baclofen, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Baclofen specifically is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Baclofen. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation. Finally, there is no indication that the medication is being used for the treatment of muscle spasm or spasticity related to multiple sclerosis or a spinal cord injury as recommended by guidelines. In the absence of such documentation, the currently requested Baclofen is not medically necessary.