

Case Number:	CM15-0087829		
Date Assigned:	05/12/2015	Date of Injury:	04/26/2005
Decision Date:	06/12/2015	UR Denial Date:	04/25/2015
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: Preventive Medicine, Occupational Medicine

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 35 year old female, who sustained an industrial injury on 04/26/2005. According to a progress report dated 04/13/2015, the injured worker was seen for lower backaches and shoulder. Pain level with medications was rated 3 on a scale of 1-10. Without medications pain level was 5.5. Quality of sleep was poor. Activity level remained the same. Chiropractic treatment was authorized and was being scheduled. Medications regimen included Dexilant DR, Parafon Forte and Vicodin. Treatment to date has included medications, thoracic facet joint injections, radiofrequency lesioning, medial branch rhizotomy, MRI of the thoracic and lumbar spine, electrodiagnostic studies, MRI of right elbow, left carpal tunnel and ulnar release and right carpal and ulnar release. Medications tried and failed included Prilosec, Prevacid, Neurontin and Nucynta. Diagnoses included shoulder pain, wrist pain, and cervical spondylosis with myelopathy, spinal/lumbar degenerative disc disease, pain in thoracic spine and low back pain. Treatment plan included trial Baclofen for muscle spasms, Norco and Dexilant. Records indicate that the injured worker has been taking Dexilant since 2012. Currently under review is the request for Baclofen and Dexilant DR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

Decision rationale: MTUS Guidelines are not supportive of chronic use of muscle relaxants for chronic pain. Intermittent short-term use for acute flare-ups is supported, but chronic daily use is not. This particular drug is generally not for intermittent use and the prescription amounts imply daily full use. There are no unusual circumstances to justify an exception to Guidelines. The Baclofen 10mg #60 is not supported by Guidelines and is not medically necessary.

Dexilant DR 60 MG #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI symptoms Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain - Proton Pump Inhibitors.

Decision rationale: MTUS Guidelines support the use of proton pump inhibitors if there are GI symptoms related to medication use. It is documented that this individual utilizes over the counter Ibuprofen on an as needed basis and it is clearly documented that she has GI symptoms in relation to her medication use. Other first line drugs have been trialed and failed. Under these circumstances, the Dexilant DR 60mg. #30 is supported by Guidelines and is medically necessary.