

Case Number:	CM15-0098557		
Date Assigned:	05/29/2015	Date of Injury:	05/23/2002
Decision Date:	07/07/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/21/2015

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 51 year old female who sustained an industrial injury on 05/23/2002. Mechanism of injury was not documented. Diagnoses include degenerative cervical spondylosis, myofascial pain syndrome, pain disorder with psychological/general medical condition, insomnia due to persistent chronic pain, and chronic headache pain. Diagnostic studies and previous treatments were not documented. A physician progress note dated 04/14/2015 documents the injured worker complains of chronic neck pain. She has partial pain relief with her current analgesic medicines. Her current analgesic medicines help her to maximize her level of physical function and improve her quality of life. Her current medications include MS Contin, Oxycodone, Lunesta, Soma, Gabapentin, Baclofen, and Omeprazole. The treatment plan is to continue current analgesics for pain control, return to clinic in 1-2 months, a urine drug screen, and behavior medicine consultation for evaluation/treatment for affective/emotional pain component. Treatment requested is for Baclofen 10mg #60, and Omeprazole 40mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 40mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation, Online Edition, Chapter Pain, Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risks Page(s): 69.

Decision rationale: This patient presents with chronic neck pain. The current request is for Baclofen 10mg #60. The request for authorization is dated 04/21/15. Treatment history includes medications and physical therapy. The patient is not working. MTUS Guidelines page 60 and 69 state that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High dose/multiple NSAID. MTUS page 69 states, "NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." The reason for the request is not provided. In this case, the patient is not over 65, does not have a history of peptic ulcer disease, GI bleeding or perforation, does not have concurrent use of ASA or corticosteroid and/or anticoagulant, and does not have high-dose/multiple NSAID. Furthermore, the patient is not taking a NSAID to warrant the use of this medication. This request IS NOT medically necessary.

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 for pain Page(s): 63-66.

Decision rationale: This patient presents with chronic neck pain. The current request is for Baclofen 10mg #60. The request for authorization is dated 04/21/15. Treatment history includes medications and physical therapy. The patient is not working. Regarding muscle relaxants for pain, MTUS Guidelines page 63 states, "Recommend non-sedating 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 in pain and overall improvement. Also there is no additional benefit shown in combination with 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's current medications include MS Contin, Oxycodone, Lunesta, Soma, Gabapentin, Baclofen, and Omeprazole. Baclofen has been prescribed since at least 09/15/14. In regard to the continuation of Baclofen for this patient's lower back muscle spasms, the requesting provider has exceeded guideline recommendations. MTUS guidelines do not support the use of muscle relaxants such as Baclofen for long term. Therefore, the request IS NOT medically necessary.