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| Case Number: | CM14-0160882 | | |
| Date Assigned: | 10/06/2014 | Date of Injury: | 09/09/2003 |
| Decision Date: | 11/03/2014 | UR Denial Date: | 08/29/2014 |
| Priority: | Standard | Application Received: | 09/30/2014 |

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 66 year old male with a date of injury on 9/9/2003. The injured worker has chronic low back pain. A series of notes are provided although they are handwritten and difficult to read. Reference is made to a note from 6/14 noting ongoing back pain with lumbar spasm and "baclofen is only partly helpful."

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines, muscle relaxants

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

Decision rationale: Little data is provided for review. Guidelines indicate that muscle relaxants are intended for short term use at the acute phase of an injury, this is not the case with this injured worker. Muscle relaxants are not intended for chronic use. The notes indicate that the baclofen is only "partly helpful." Given the available clinical data and clinical guidelines, the

request for baclofen is not seen to be medically necessary or indicated and the request is non certified.

Hydrocodone/acetaminophen 5/325mg QTY:30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: The injured worker has likely been taking this medication for months if not years. However, available information provided for review fails to indicate that the injured worker has any benefit with this medication. The 4 A's of opiate use from the Medical Treatment Utilization Schedule (MTUS) are not supported, noting, "The criteria for use of opioids section states, "4) On-Going Management. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain injured workers on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) (g) Continuing review of overall situation with regard to non opioid means of pain control." There is no data about reduction in pain levels, and nothing to indicate improvement in function, or restoration of activities. Given this, and noting the clinical guidelines, the request is non-certified.