

Case Number:	CM14-0161274		
Date Assigned:	10/10/2014	Date of Injury:	07/26/1993
Decision Date:	11/14/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/01/2014

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 California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of July 26, 1993. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; muscle relaxants; trigger point injections; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; and extensive periods of time off of work. In a Utilization Review Report dated September 23, 2014, the claims administrator denied a request for Norco and baclofen. The report was approximately 12 pages long. Rationale was difficult to follow, although it was suggested that the applicant was not working. The applicant's attorney subsequently appealed. In a progress note dated March 21, 2014, the applicant reported persistent complaints of shoulder pain, depression, hand pain, and fibromyalgia. The applicant had issues with anxiety. The applicant had apparently alleged issues with psychological disability, it was acknowledged. The applicant's medication list included Ativan, Lidoderm, Norco, and tizanidine. Multiple medications were renewed, including Norco, Lidoderm, and tizanidine. The applicant was apparently kept off of work, on total temporary disability, from a psychological perspective. In a later note dated August 13, 2014, the applicant again reported persistent complaints of shoulder pain. The applicant had not been performing home exercises, which she attributed to ongoing depressive symptoms. The applicant's medications list included Ativan, baclofen, Klonopin, Lidoderm, Remeron, Norco, Seroquel, tizanidine, and Wellbutrin. The applicant was off of work, on total temporary disability, it was acknowledged. The applicant was smoking everyday. Multiple medications were renewed. The applicant was again kept off of work from a mental health perspective.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #120 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen section MTUS 9792.20f Page(s): 64;7.

Decision rationale: While page 64 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that baclofen is recommended orally in the treatment of spasticity associated with multiple sclerosis and spinal cord injuries and can be employed off label for neuropathic pain, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing baclofen usage. The applicant is off of work, on total temporary disability. The applicant remains dependent on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of baclofen. Therefore, the request is not medically necessary.

Norco 10-325mg #90 with 1 refill:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of opioids, Opioids for C.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved function, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. The applicant's pain complaints appear heightened from visit to visit as opposed to reduced from visit to visit. The attending provider has failed to outline any material improvements in function or quantifiable decrements in pain achieved as a result of ongoing Norco usage. The applicant, it was stated on several occasions, is not compliant with home exercise program. All of the foregoing, taken together, does not make a compelling case for continuation of opioid therapy. Therefore, the request is not medically necessary.