

Case Number:	CM14-0162078		
Date Assigned:	10/07/2014	Date of Injury:	11/01/1991
Decision Date:	11/07/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/02/2014

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 Physical Medicine & Rehabilitation 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 injured worker is a 61-year-old female who reported an injury on 11/01/1991. While working at the post office she lifted a box in the storage room and felt a twinge in the back of her neck. The injured worker complained of cervical spine pain with a diagnosis of chronic pain syndrome and cervical degenerative joint disease. The MRI of the cervical spine dated 08/14/2009 revealed an ill-defined high T1/high T2 signal involving the posterior element of the left C3-4 possibly extending into the adjacent soft tissue. Some hypertrophic changes of the facet, left neural foramen was stenotic. Facet arthropathy and minimal spondylolisthesis at the C4-5. Chronic degeneration of the disc and mild impingement at the C5-6 and chronic degenerative disc changes at the C6-7 with mild right uncovertebral spurring. The medications included baclofen and Ultracet. Prior treatments included epidural steroid injections; trigger point injections, 24 visits of physical therapy, massage, TENS, ice, and heat. The objective findings dated 08/26/2014 of the cervical spine revealed flexion of 65 degrees, no radiation on Spurling's, no crepitation to the shoulders, deep tendon reflexes were 2+ symmetrically, and no changes to the motor examination. No VAS was provided. The treatment plan included a stellate ganglion block. The Request for Authorization dated 10/07/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The California MTUS Guidelines state central analgesic drugs such as tramadol are reported to be effective in managing neuropathic pain and it is not recommended as a first line oral analgesic. The California MTUS guidelines recommend ongoing review of patient's utilizing chronic opioid medications with documentation of pain relief, functional status, appropriate medication use, and side effects. A complete pain assessment should be documented which includes current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The clinical notes were not evident of documentation addressing any aberrant drug taking behavior or adverse side effects. The clinical notes did not provide a complete pain assessment that included current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. The clinical note dated 08/26/2014 was partially illegible. The request did not address the frequency. As such, the request of Ultram 50 mg #60 is not medically necessary and appropriate.

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 (Baclofen) Page(s): 63.

Decision rationale: The California MTUS does recommend nonsedating muscle relaxants with caution as a secondary option of short term treatment of acute exacerbation in patients with chronic lower back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increase mobility. However, in lower back cases, they show no benefit beyond NSAIDs in pain and overall improvement. There is no additional benefit shown in combination with NSAIDs. The efficacy appears to be diminished over time and prolonged use of some medications in this class may lead to dependency. The clinical notes indicate that the injured worker has been taking the baclofen since 10/24/2013, exceeding the recommended short term treatment for acute exacerbations. The clinical note did not address the measurable functional pain level of the injured worker. The request did not indicate a frequency. As such, the request of Baclofen 10 mg #60 is not medically necessary and appropriate.

