

Case Number:	CM14-0185410		
Date Assigned:	11/13/2014	Date of Injury:	05/30/2012
Decision Date:	12/19/2014	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/06/2014

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 Emergency 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 57 year old female who reported an injury on 05/30/2012. The mechanism of injury was not provided. The injured worker's diagnoses included lumbar sprain/strain, lumbosacral radiculopathy, foot contusion, ankle tend/burs, and wrist tend/burs. The injured worker's past treatments included medications. On the clinical note dated 10/16/2014, the injured worker complained of lumbar pain and ankle pain. The injured worker had loss of range of motion. The injured worker's medications included Norco 10/325 mg and Baclofen 20mg. The request was for Norco 10/325 mg #90 and Baclofen 20mg #60. The rationale for the request was for pain management. The request for authorization form was submitted for review on 10/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management Page(s): 78.

Decision rationale: The request for 1 Prescription for Norco 10/325mg #90 is not medically necessary. The California MTUS guidelines recommend an ongoing review of medications with the documentation of pain relief, functional status, appropriate medication use, and side effects. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. The documentation did not include a recent urine drug screen or documentation of side effects. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency of the medication. As such, the request for 1 Prescription for Norco 10/325mg #90 is not medically necessary.

1 Prescription for Baclofen 20mg #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): 63-66.

Decision rationale: The request for 1 Prescription for baclofen 20mg #60 is not medically necessary. The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. These medications are not recommended to be used for longer than 2-3 weeks. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency of the medication. As such, the request for 1 Prescription for baclofen 20mg #60 is not medically necessary.