

Case Number:	CM14-0092077		
Date Assigned:	07/25/2014	Date of Injury:	07/01/1992
Decision Date:	09/03/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/18/2014

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 Texas and Oklahoma. 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 68-year-old female who reported an injury on 07/01/1992. The mechanism of injury was not provided. On 06/12/2014, the injured worker presented with low back pain. Upon examination, there was tenderness to palpation at the area of the SI joint and buttock on the right. There was decreased sensation to light touch at the distal right lower extremity versus left in no dermatomal distribution. The right lower extremity was decreased, had decreased strength versus left with hip flexion, extension/flexion of knee, ankle, EHL against resistance. The deep tendon reflexes were symmetrical bilaterally to the patella, intact and Achilles depressed. There is no clonus sign noted bilaterally. Current medications included Lidoderm patch, Ketamine cream, Baclofen, Gabapentin, Hydrocodone bit/APAP, Pantoprazole-Protonix, Xanax, Paxil, Flonase, Hydrocortisone, Loratadine and Niacin. The diagnoses for syndrome post laminectomy and lumbar disc displacement without myelopathy. The provider recommended Baclofen, Hydrocodone/APAP and Pantoprazole-Protonix, the provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Page(s): 63.

Decision rationale: The request for Baclofen 10mg #60 is not medically necessary. California MTUS guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does not provide evidence that the patient has been on this medication for an extended duration of time and there is a lack of documentation of objective improvement. Additionally, the provider did not indicate the frequency of the medication in the request as submitted. Therefore, continued use of this medication would not be supported.

Hydrocodone/APAP 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN; ONGOING MANAGEMENT; OPIOIDS, DOSING Page(s): 60; 78; 86.

Decision rationale: The request for Hydrocodone/APA 10/325mg #120 is not medically necessary. The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. Additionally, the provider did not indicate the frequency of the medication in the request as submitted. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day.

Pantoprazole Protonix 20mg #30: 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 (TWC) Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68.

Decision rationale: According to the California MTUS Guidelines, proton pump inhibitors may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those taking NSAIDs medication that are at moderate to high risk for gastrointestinal events. Additionally, the provider did not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.