

Case Number:	CM14-0176605		
Date Assigned:	10/29/2014	Date of Injury:	10/17/2006
Decision Date:	01/16/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/24/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 64 year old female who sustained an industrial injury on 10/17/06. She was being treated for post lumbar laminectomy syndrome, carpal tunnel syndrome and disorder of coccyx. Prior history included bilateral wrist flexor tenosynovectomy and carpal tunnel release. The visit note from 09/19/14 was reviewed. Current medications included Baclofen, Ranitidine, Senna, Trazodone, Voltaren gel, Norco, Neurontin, Clonidine, Levothroid, Simvastatin and Sucralfate. Pain level has remained unchanged since last visit. Pain was 6/10. It was 8/10 without medications. Quality of sleep was poor. Activity level remained the same. Pertinent examination findings included limited range of motion of lumbar spine, tenderness in paravertebral muscles and positive facet loading on both sides. Tenderness noted over the sacroiliac spine surgical scar. Well healed surgical scar noted over right wrist with restricted palmar flexion and dorsiflexion. Diagnoses included post lumbar laminectomy syndrome, carpal tunnel syndrome and disorder of coccyx nos. The request was for Baclofen, Voltaren gel and Senna for constipation as needed for pain medications. Baclofen reduced her muscle spasm by 70%. Voltaren gel reduced pain by 70% for one hour and Senna was used for constipation as needed due to pain medications. Baclofen had been used since at least the initial part of 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen Tab 10 mg, day supply 30, #90, no 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 Page(s): 64.

Decision rationale: According to MTUS guidelines, Baclofen is currently recommended orally for the treatment of spasticity and muscle spasms related to multiple sclerosis and spinal cord injuries. Generally muscle relaxants are recommended for short term treatment. The medical records provided for review revealed long term use of Baclofen for spasms due to back pain which is beyond the recommended short duration of treatment. Hence the request for Baclofen is not medically necessary or appropriate.

Senna Lax Tab 8.6 mg, Day Supply 30, # 60, no refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com (Senna)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, initiating therapy Page(s): 77.

Decision rationale: According to the MTUS guidelines, Chronic Pain Medical Treatment guidelines, prophylactic treatment of constipation should be initiated in employees on opioids. The employee had been on Norco. As such the request for Senna is medically necessary and appropriate.

Voltaren Gel 1% Day Supply 33, # 200, no refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to chronic pain medical treatment guidelines topical NSAIDs such as topical Voltaren, can be indicated in the treatment of arthritis and/or tendinitis in joints that lend themselves to topical treatment such as the elbow, wrist or knee. Maximum dose should not exceed 32 g per day, with 8 g per joint per day in upper extremity and 16 g per joint per day in the lower extremities. In this case the employee is experiencing ongoing wrist pain. She was taking oral Norco and had ongoing pain. Therefore the request for Voltaren gel 1% is medically necessary and appropriate.