

Case Number:	CM14-0210824		
Date Assigned:	12/23/2014	Date of Injury:	02/03/2011
Decision Date:	02/27/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 56 year old male with date of injury 2/3/11. The treating physician report dated 10/29/14 (169) indicates that the patient presents with pain affecting the low back and neck. The patient describes the pain as a constant, aching, sharp, tender, cramping, shooting, hot-burning, and stabbing heavy sensation in the lower neck region radiating to the bilateral upper extremities. The patient complains of lower back pain radiating to bilateral lower extremities, right side more pronounced on the right. The physical examination findings reveal the range of motion of the cervical is decreased and measured 40 degrees of flexion accompanied by mild pain, 30 degrees of extension accompanied with mild pain, and 40 degrees of lateral rotation bilaterally accompanied by mild pain. Intervertebral facet joint tenderness was noted from C4-C7. Mild occipital tenderness was noted bilaterally as well as tense cervical paraspinal musculature. The range of motion of the lumbar spine is mildly decreased and measured 50 degrees on flexion, 30 degrees of extension accompanied by moderate pain, and 30 degrees of rotation bilaterally accompanied by moderate pain on the right and moderate-to-severe pain on the left. The sacroiliac joints are tender to palpation bilaterally and moderate intervertebral facet joint tenderness was noted from L4-S1. Prior treatment history includes MRI of the cervical spine, EMG/NCS, a TENS unit, chiropractic therapy, a trial of RS41 unit, physical therapy, and prescribed medications. The current diagnoses are: 1. Cervicalgia2. Lumbar disc displacement 3. Lower back pain syndrome4. Sacroilitis5. Internal derangement of knee6. Lumbar and cervical radiculopathy 7. Cervical and lumbar myofascial painThe utilization review report dated 12/5/14

denied the request for Baclofen 10mg 1 po bid #60, and Flector Patch 1.3% 1 Patch q12 hours #60 based on a lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg 1 po bid #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The patient presents with pain affecting the low back and neck. The current request is for Baclofen 10mg 1 po bid #60. The treating physician report dated 12/29/14 (169) states that the patient continues to use Baclofen as a muscle relaxant. MTUS guidelines for muscle relaxants state the following: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxants for pain page 63 states the following: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2-3 weeks for use of this medication. Reports provided indicate that the patient was taking a previous muscle relaxer in the form of Zanaflex since at least 08/06/14 (68). Reports provided show the patient was prescribed Baclofen on 10/1/14 (167). In this case, the request for Baclofen is outside the 2-3 weeks recommended by the MTUS guidelines. Recommendation is for denial.

Flector Patch 1.3% 1 Patch q12 hours #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines web Pain Section Flector Patch (diclofenac epolamine)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The patient presents with pain affecting the low back and neck. The current request is for Flector Patch 1.3% 1 Patch q12 hours #60. The MTUS guidelines states the following regarding topical NSAIDs for the treatment of osteoarthritis and tendinitis, "Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The MTUS guidelines go on to state, "Neuropathic pain: Not recommended as there is no evidence to support use." The reports provided show the patient has been using a Flector patch since at least 08/06/14 (153). In this case, the use of the medication is outside the 4-12 weeks recommended by the MTUS guidelines on page 112 and the treating physician has not documented that the patient has

arthritis or tendonitis of any peripheral joint that requires NSAID usage. Recommendation is for denial.