

Case Number:	CM14-0218421		
Date Assigned:	01/08/2015	Date of Injury:	05/26/1982
Decision Date:	03/11/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/30/2014

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 & Rehabilitation

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 76 year old male with a date of injury of May 26, 1982. Results of the injury include the lower back. Diagnosis include back disorder NOS and postlaminectomy synd-lumbar. Treatment has included surgery and medications. Medical Imaging was not provided. Progress report dated October 22, 2013 revealed a long back scar with marked spinal stenosis and para lumbar spasm and muscle guarding. Range of motion was decreased. Work status was noted to return to work. The treatment plan included Norco, Oxycontin, and celebrex. Utilization review form dated December 2, 2014 modified Norco 10-325 mg # 30 and Oxycontin 20 mg # 60 according to MTUS guidelines recommendations. Celebrex 200 mg # 30 and Baclofen 20 mg # 60 was non certified due to noncompliance with MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex, and NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

Decision rationale: The patient continues to suffer from chronic lower back pain secondary to failed back surgery and subsequent osteoarthritis. The current request is for Celebrex 200mg #60. The MTUS guidelines state that NSAIDS are recommended for the treatment of osteoarthritis. There is no information reported that the patient is suffering from any side effects from this medication and the patient has improved pain and function with usage. The available documentation does support medical necessity and as such, recommendation is for approval.

Baclofen 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen, and Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

Decision rationale: The patient continues to suffer from chronic lower back pain secondary to failed back surgery and subsequent osteoarthritis. The current request is for Baclofen 20 mg #60. The MTUS guidelines state: recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The mechanism of action is blockade of the pre- and post-synaptic GABAB receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. There is no diagnosis of multiple sclerosis or spinal cord injury. The available medical records do not provide any evidence that the patient has suffered an acute exacerbation of his chronic low back condition. The attending physician in this case has continued to prescribe Baclofen on a monthly basis which is not short term treatment and is beyond the guideline recommendations. As such, recommendation is for denial.