

Case Number:	CM14-0038759		
Date Assigned:	06/27/2014	Date of Injury:	08/30/2013
Decision Date:	02/12/2015	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/02/2014

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 Occupational Medicine, and is licensed to practice in California. 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 was injured on 8/30/13. Mechanism of injury was not noted in the provided clinical records. She has been treated with physical therapy, non-steroidal anti-inflammatory drugs, Baclofen, as well as modified work status. Multiple clinical notes from December 2013 indicate improving symptoms but she is still with low back and knee pain during specific activities. Physical exams note antalgic gait and some pain on movement of the knee. Therapy notes from 12/3/13 and 12/12/13 indicate that she is taking her prescription medications 1-2 times per week. MRI of lumbar spine on 1/27/14 notes disc bulges from L2-4 and L5-S1 with mild foraminal narrowing and L4-L5 annular fissure with foraminal narrowing. X-ray of lumbar spine on 1/28/14 shows degenerative facet changes at L4-L5 and L5-S1, and disc narrowing at posterior L4-L5. On 1/28/14 treating chiropractor reports she continues to have left knee and lower back pain with tenderness and decreased range of motion on both knee and lumbar exam. Diagnoses include lumbosacral sprain, myositis, bursitis and arthritis of the left knee. On 1/30/14 evaluation with treating provider back pain is worse with activities and there are no noted abnormal physical exam findings. Plan is to request ortho consult and refill naproxyn and baclofen. According to recent clinic note from 2/20/14, the injured worker reports some adverse sensations in inner thigh and knee. On exam the treating physician indicates normal gait, normal heel to toe, with ability to return to full work status. Diagnoses include contusion of hip, contusion of right and left knees and sprain/strain of both knees. Plan is for her to return to work with no limitations, physical therapy and to continue treatment with baclofen and naproxyn. No dosage or frequency is noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-64.

Decision rationale: The provider has prescribed an unknown quantity of Baclofen, at an unknown dosage with an unknown frequency for unknown duration. Additionally there is no evidence documented on the clinic note to support that the IW has ongoing muscle spasm or if there is any active clinic indication to support ongoing use of short acting anti-spasmodic agents. The cited guidelines do not recommend ongoing use of short-acting anti-spasmodic agents. Consequently the provided medical records and cited guidelines do not support continued long-term chronic use of muscle relaxants as being clinically necessary at this time.

Naproxen #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s):.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 73.

Decision rationale: The provider has prescribed an unknown quantity of Naproxen, at an unknown dosage with an unknown frequency for an unknown duration. Additionally there is no evidence documented on the clinic note to support that the IW has had benefit from ongoing chronic use of this medication. There is no documentation of whether or not the patient has had adverse medication reactions or risk factors such as cardiovascular disease or history of gastritis or ulcer. Consequently the provided medical records and cited guidelines do not support the above request as being medically necessary.