

Case Number:	CM14-0088379		
Date Assigned:	07/23/2014	Date of Injury:	07/15/2002
Decision Date:	06/02/2015	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/12/2014

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 38 year old male, who sustained an industrial injury on 7/15/02. He reported initial complaints of back pain. The injured worker was diagnosed as having lumbar disc disease; failed low back surgery syndrome post fusion; cervical sprain/strain. Treatment to date has included medications. Diagnostics included MRI lumbar spine with and without contrast (1/3/14). Currently, the PR-2 notes dated 5/9/14 indicated the injured worker complains of chronic mid and low back pain. He has a lumbar fusion L3-4-5 in 2008. He does have a thoracic vertebrae fracture as well. His low back pain remains stable and his thoracic pain aggravates the most as discussed in his other case. The provider notes he has been using conservative treatment of medications, injections and exercise. The injured worker states the pain is still significant and requests authorization for surgical consult. Current medications are noted as Tramadol, Baclofen, hydrocodone and Percocet. Physical examination reveals mild tenderness over the bilateral trapezii, levator scapulae with full range of motion of the cervical spine. The lumbar spine demonstrates mild tenderness over the thoracolumbar region from T1 down to S1. There remains 75% reduction of flexion and extension with positive seated straight leg raise. All movements elicit severe pain over the lumbosacral spine and across buttocks, lateral hips and lateral thighs. The provider is requesting as part of his treatment plan: Norco 10/325mg #180 with 3 refills and Baclofen 20mg #120 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant has a remote history of a work injury occurring in July 2002 and continues to be treated for chronic mid and low back pain. His diagnoses include failed back surgery syndrome. When seen, although the medications are referenced as decreasing pain from 10/10 down to 9/10, the requesting provider reports medications as allowing completion of essential activities of daily living. Medications included Norco being prescribed at a total MED (morphine equivalent dose) of 60 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications and, although there appears to be marginal pain relief, are allowing for improved function. The total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.

Baclofen 20mg #120 with 3 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 Muscle relaxants (for pain), p 63-64.

Decision rationale: The claimant has a remote history of a work injury occurring in July 2002 and continues to be treated for chronic mid and low back pain. His diagnoses include failed back surgery syndrome. When seen, although the medications are referenced as decreasing pain from 10/10 down to 9/10, the requesting provider reports medications as allowing completion of essential activities of daily living. Medications included Norco being prescribed at a total MED (morphine equivalent dose) of 60 mg per day. Oral baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries and is used off-label in the treatment of trigeminal neuralgia. A non-sedating muscle relaxant is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the claimant does not have an upper motor neuron syndrome or any of the above diagnoses. There is no identified new injury or acute exacerbation and baclofen has been prescribed on a long-term basis. It is therefore not medically necessary.

