

Case Number:	CM15-0013531		
Date Assigned:	02/02/2015	Date of Injury:	09/03/2010
Decision Date:	03/27/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/23/2015

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, Arizona

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 36-year-old female who reported an injury on 09/03/2010 due to an unspecified mechanism of injury. On 01/08/2015, she presented for a followup evaluation regarding her work related injury. She reported neck, upper back pain, and right upper extremity pain that was rated at an 8/10 to 9/10. She also reported headaches rated at a 6/10, with 10 being the most severe. Her medications included lorazepam 0.5 mg 1 twice daily, sumatriptan succ 100 mg 1 daily, Cymbalta 60 mg 1 by mouth daily, hydrocodone/acetaminophen 10/325 mg 1 tablet by mouth 3 times as needed, Topiramate 50 mg 1 twice daily, gabapentin 800 mg 3 times a day, baclofen 10 mg 1 twice daily, and Lunesta 2 mg apply to affected area daily. A physical examination of the cervical spine showed restricted range of motion with flexion to 30 degrees and extension to 30 degrees. There was paravertebral muscle spasm and tenderness noted, as well as tight muscle bands in the left side, and tenderness over the paracervical muscles and trapezius. Spurling's maneuver caused pain in the muscles of the neck radiating to the upper extremities, and cervical facet loading was positive on the left side and negative on the right. On examination of the thoracic spine, there was tenderness noted to the left side and spinous process tenderness on the T6. Range of motion was also noted to be limited on the lumbar spine with a negative straight leg raise bilaterally. She was diagnosed with pain in the joint of the ankle and foot, sprains and strains of the neck, brachial neuritis or radiculitis NOS, and thoracic or lumbosacral neuritis or radiculitis NOS. The treatment plan was for Norco 10/325 mg #90 and baclofen 10 mg #60. The rationale for treatment was to treat the injured worker's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines indicate that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding multiple areas. However, there is a lack of documentation showing a quantitative decrease in pain or objective improvement of function with the use of this medication to support its continuation. Also, no official urine drug screens or CURES reports were provided for review to validate compliance. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Baclofen 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti spasticity Drugs Page(s): 64.

Decision rationale: The California MTUS Guidelines indicate that baclofen is an antispasticity drug and is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis or spinal cord injuries. The documentation provided did not indicate that the injured worker had sustained a spinal cord injury or that she had a diagnosis of multiple sclerosis to support the request for this medication. Also, documentation regarding her response to this medication in terms of pain relief and increased function is not stated. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.