

Case Number:	CM15-0015457		
Date Assigned:	02/03/2015	Date of Injury:	05/06/2014
Decision Date:	03/20/2015	UR Denial Date:	01/03/2015
Priority:	Standard	Application Received:	01/27/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 28 year old man sustained an industrial injury on 5/6/2014. The mechanism of injury is not detailed. Current diagnoses include left sacroiliac joint pain, bilateral lumbar facet joint pain at L4-L5 and L5-S1, lumbar facet arthropathy, and chronic low back pain. Treatment has included oral medications, physical therapy, and sacroiliac joint injections. Physician notes dated 12/18/2014 show bilateral low back pain that is worse on the left side and radiates to the buttocks. On 1/3/2015, Utilization Review evaluated prescriptions for Percocet 10/325 mg #90 and Baclofen 10 mg #90, that were submitted on 1/13/2015. The UR physician noted that the documentation does not support evidence of functional improvement with use of Percocet. However, weaning is recommended. The Baclofen is only recommended for short term use as it's effectiveness tends to diminish over time and prolonged use may lead to dependence. The MTUS, ACOEM Guidelines, (or ODG) was cited. The requests were denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Tramadol (another opioid) in the past year. No one opioid is superior to another. There is no indication of Tylenol failure. The continued use of Percocet is not medically necessary.

Baclofen 10mg #90: Upheld

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

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

Decision rationale: According to the guidelines, antispasmodics such as Baclofen are indicated to decrease spasticity in conditions such as cerebral palsy, MS, and spinal cord injuries (upper motor neuron syndromes). Associated symptoms include exaggerated reflexes, autonomic hyperreflexia, dystonia, contractures, paresis, lack of dexterity and fatigability. 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 . In this case, the claimant does not have the above diagnoses. The continued use of Baclofen is not medically necessary.