

Case Number:	CM15-0111414		
Date Assigned:	06/17/2015	Date of Injury:	04/30/2013
Decision Date:	07/17/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/09/2015

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: 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 52 year old male, who sustained an industrial injury on 4/30/2013. The mechanism of injury is unknown. The injured worker was diagnosed as having post traumatic neck pain, mid and low back pain, right knee pain and left shoulder pain. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 5/28/2015, the injured worker complains of severe neck pain and left shoulder pain with left hand twitches. Physical examination showed cervical and thoracic tenderness, left shoulder tenderness and right knee tenderness. The treating physician is requesting Baclofen 20 mg #90 and Exforge 5/60 #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The claimant sustained a work-related injury in April 2013 and continues to be treated for neck and shoulder pain. When seen, he was having severe neck pain. His past medical history included atrial fibrillation, gout, and an abdominal wall infection. His blood pressure was 130/75. There was cervical spine tenderness with muscle spasms and decreased upper extremity strength. There was left shoulder, right knee, and thoracic spine tenderness. A 30 day supply of baclofen was prescribed. Exforge was prescribed for hypertension. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment only of 2-3 weeks of acute exacerbations in patients with chronic low back pain. Drugs with the most limited published evidence in terms of clinical effectiveness include baclofen. In this case, the claimant does not have spasticity due to an upper motor neuron condition. The quantity of baclofen prescribed is for more than 3 weeks and was not medically necessary.

Exforge 5/60 #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/medlineplus/druginfo/meds/a692044.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation James PA, Oparil S, Carter BL, et al. 2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults: Report from the Panel Members Appointed to the Eighth Joint National Committee (JNC 8). JAMA. 2014; 311 (5): 507-520.

Decision rationale: The claimant sustained a work-related injury in April 2013 and continues to be treated for neck and shoulder pain. When seen, he was having severe neck pain. His past medical history included atrial fibrillation, gout, and an abdominal wall infection. His blood pressure was 130/75. There was cervical spine tenderness with muscle spasms and decreased upper extremity strength. There was left shoulder, right knee, and thoracic spine tenderness. A 30 day supply of baclofen was prescribed. Exforge was prescribed for hypertension. Guidelines recommend consideration of medications for the treatment of hypertension after lifestyle (diet and exercise) modifications are unsuccessful. In this case, the claimant does not have a diagnosis of hypertension based on the single blood pressure measurement provided when the request was made. Starting the claimant on a combination anti-hypertensive agent was not medically necessary.