

<b>Case Number:</b>	CM15-0111420		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	04/26/2005
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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:

The injured worker is a 35-year-old female, who sustained an industrial injury on 4/26/2005. Diagnoses have included shoulder pain, wrist pain, carpal tunnel syndrome, spinal/lumbar degenerative disc disease, pain in thoracic spine and low back pain. Treatment to date has included surgery, physical therapy, chiropractic treatment and medication. According to the progress report dated 5/11/2015, the injured worker complained of low back and shoulder pain. She rated her pain with medications as 4/10 and without medications as 5/10. She reported significant benefit from chiropractic treatment. The injured worker appeared to be fatigued and in mild pain. She had a slow, antalgic gait. Exam of the thoracic spine revealed hypertonicity, tenderness and tight muscle bands on both side. Exam of the lumbar spine revealed restricted range of motion. There was tenderness and tight muscle bands noted on both sides. Exam of the right shoulder revealed a positive Hawkin's test. There was tenderness to palpation in the subdeltoid bursa. The injured worker reported using medications as necessary. A urine toxicology screen from 4/13/2015 was negative for all medications. Authorization was requested for Norco, Baclofen and Dexilant.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #30:** Upheld

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

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

**Decision rationale:** Norco 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 Vicodin (similar Hydrocodone as Norco) for a year with stable pain control and function. There was no mention of Tylenol or Tricyclic failure or weaning attempt. The continued and chronic use of Norco is not medically necessary.

**Dexilant Dr 60mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** According to the MTUS guidelines, Dexilant is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant had been on PPI for over 3 years. Therefore, the continued use of Dexilant 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 muscle relaxants Page(s): 64.

**Decision rationale:** According to the guidelines, Baclofen 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 (trigeminal neuralgia). In this case, the claimant had been on various muscle relaxants for years. The claimant did not have the diagnoses above. Chronic use is not recommended and the continued use of Baclofen is not medically necessary.