

Case Number:	CM15-0117082		
Date Assigned:	06/25/2015	Date of Injury:	04/14/2003
Decision Date:	07/31/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/17/2015

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, Hawaii
 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 44 year old female who sustained an industrial injury on April 14, 2003. She has reported back pain and has been diagnosed with post laminectomy syndrome, lumbar radiculopathy, sacroiliitis, and long term medication use. Treatment has included medications and a spinal cord stimulator. Examination noted positive for muscle spasms over the lumbar spine. The injured worker was noted as stable on all medications. Benefits improved quality of life and the ability to perform activities of daily living. The treatment request included baclofen and tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20mg #120: 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): 63-66.

Decision rationale: The patient presents with pain affecting the cervical and lumbar spine. The current request is for Baclofen 20mg #120. The treating physician states in the report dated 6/15/15, "She indicates that her pain is stable on her current medications. The patient's most recent urine screen is consistent. Baclofen 20mg 1 tablet every 6 hours as needed for spasm". (32B) The MTUS guidelines state, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain". In this case, the treating physician has been prescribing this medication since at least January 2015 which would exceed the recommended guideline of short-term therapy. The current request is not medically necessary.

Tramadol 50mg #240: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the cervical and lumbar spine. The current request is for Tramadol 50mg #240. The treating physician states in the report dated 6/15/15, "She indicates that her pain is stable on her current medications. The patient's most recent urine screen is consistent. Tramadol 50mg take 2 tablets every 6 hours as needed taken for pain". (33B) for chronic opiate use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has documented that the patient's pain is rated as a 6/10 but medications help decrease the patient's pain, the patient is able to better perform ADLs, and has not had any side effects or aberrant behaviors. The current request is medically necessary.