MAXIMUS Federal Services

Case Number:	CM15-0121630		
Date Assigned:	07/09/2015	Date of Injury:	11/22/2014
Decision Date:	08/25/2015	UR Denial Date:	05/25/2015
Priority:	Standard	Application Received:	06/23/2015

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: Texas, 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 50 year old male sustained an industrial injury on 11/22/14. He subsequently reported multiple areas of pain after falling off a ladder. Diagnoses include cervical fracture and hemiplegia. The patient has had history of intracranial hemorrhage, cerebrovascular accident in 2011 and status post craniotomy. The patient has had history of HTN and clavicle fracture. Patient has used sling for right upper extremity and had contracture consistent with hemiplegia. The injured worker continues to experience pain in the head, right eye, neck, arms, hands, back, shoulder and legs on 5/18/15 at 8/10. Upon examination, there was decreased range of motion to the right shoulder and positive right apprehension, impingement and supraspinatus tests were noted. Cervical spine range of motion was reduced and Spurling's test was positive. The patient has had decreased sensation and reflexes in the right upper extremity. A request for 60 Baclofen 10mg, 60 Pamelor 25mg, unknown random urine tests and unknown physical therapy/ occupational therapy was made by the treating physician. The patient has had CT scan of the cervical spine that was normal. The medication list includes Amlodipine. The current medication list was not specified in the records specified. Other therapy done for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Baclofen 10mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY DRUGS-Baclofen: page 64 Muscle relaxants (for pain) Page 63.

Decision rationale: 60 Baclofen 10mg. Baclofen (Lioresal, generic available): After a professional and thorough review of the documents, my analysis is that the above listed issue: Baclofen is a muscle relaxer used to treat muscle symptoms caused by multiple sclerosis, including spasm, pain, and stiffness. According to California MTUS, Chronic pain medical treatment guidelines, Baclofen "It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries." Diagnoses include cervical fracture and hemiplegia. The patient has had history of intracranial hemorrhage, cerebrovascular accident in 2011 and status post craniotomy. Patient has used sling for right upper extremity and had contracture consistent with hemiplegia. The injured worker continues to experience pain in the head, right eye, neck, arms, hands, back, shoulder and legs on 5/18/15 at 8/10. Upon examination, there was decreased range of motion to the right shoulder and positive right apprehension, impingement and supraspinatus tests were noted. The patient has had decreased sensation and reflexes in the right upper extremity. Therefore the patient had significant objective findings including hemiplegia and muscle stiffness (contracture) that would be benefitted by Baclofen 10mg. The request for 60 Baclofen 10mg is medically necessary and appropriate for this patient at this time.

60 Pamelor 25mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 13 Antidepressants for chronic pain.

Decision rationale: 60 Pamelor 25mg: Nortriptyline is a tricyclic antidepressant. According to the CA MTUS chronic pain guidelines antidepressant are "recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." He subsequently reported multiple areas of pain after falling off a ladder. Diagnoses include cervical fracture and hemiplegia. The injured worker continues to experience pain in the head, right eye, neck, arms, hands, back, shoulder and legs on 5/18/15 at 8/10. Upon examination, there was decreased range of motion to the right shoulder and positive right apprehension, impingement and supraspinatus tests were noted. Cervical spine range of motion was reduced and Spurling's test was positive. The patient has had decreased sensation and reflexes in the right upper extremity. Tricyclic antidepressant is

recommended as a first line option for neuropathic pain. The request 60 Pamelor 25mg is medically necessary and appropriate for this patient.

Unknown random urine tests: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2010, Chronic pain treatment guidelines Page 43 Drug testing.

Decision rationale: Unknown random urine tests. Per the CA MTUS guideline cited above, drug testing is "recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." The medication list contains Amlodipine. The current medication list was not specified in the records specified. Whether patient is taking any opioid medication or not is not specified in the records provided. Any history of substance abuse was not specified in the records provided. The medical necessity of the request for unknown random urine tests is not fully established in this patient.

Unknown physical therapy/occupational therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy, page 98.

Decision rationale: Unknown physical therapy/occupational therapy. The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." Details of PT or other type of therapy done since date of injury was not specified for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. There was no objective documented evidence of any significant functional deficits that could be benefitted with additional PT. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Documentation of response of oral pharmacotherapy in conjunction with other rehabilitation therapy was not specified in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for unknown physical therapy/occupational therapy is not fully established for this patient.