

Case Number:	CM15-0124862		
Date Assigned:	07/09/2015	Date of Injury:	09/06/2012
Decision Date:	08/05/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/29/2015

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 54 year old male, who sustained an industrial injury on 9/6/2012. Diagnoses include status post C5-C6-C7 anterior decompression for spinal cord impingement, C4-C5 adjacent segment syndrome, moderate bilateral persistent foraminal narrowing at C5-6 and C6-7, peripheral neuropathy, vasculopathy/arteriopathy, Rheumatoid Arthritis, recent heart attack with automatic internal cardiac defibrillator (AICD), right frozen shoulder and mild anxiety/depression. Treatment to date has included diagnostics, surgical intervention (C5-6 and C6-7 anterior cervical fusion on 5/29/2013) and conservative care comprised of oral medications including Norco, Baclofen and Gabapentin. Per the Primary Treating Physician's Progress Report dated 5/08/2015, the injured worker reported intermittent "shocking like ziggers" from the bottom of the right ear through the right side of his neck to the back of his neck occurring sometimes between 2-10 times a day, lasting for a few seconds. There has been no interval change. His right arm pain also remained unchanged. He rated the severity of his neck pain as a 5-6/10 with medications and 7-8/10 without medications. Physical examination revealed decreased ranges of motion of the cervical spine and right shoulder. Sensory exam revealed C4-6 sensory loss in the right bicep, forearm and thumb. The plan of care included electrodiagnostic testing and medications. Authorization was requested for Norco 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain 2001 Nov; 94 (2):149-58.

Decision rationale: The claimant sustained a work-related injury in September 2012 and continues to be treated for neck and right upper extremity pain. He underwent an anterior cervical decompression and fusion in May 2013 due to cervical spinal stenosis with spinal cord impingement. Medications are referenced as decreasing pain from 7-8/10 to 4-6/10. When seen, there was decreased cervical spine range of motion with decreased right upper extremity strength, and sensation. Norco was prescribed at a total MED (morphine equivalent dose) of 80 mg per day. In March 2015 he was having difficulty urinating and had lower extremity hyperreflexia. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

Baclofen 10mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines, Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), p 63-66 Page(s): 63-66. Decision based on Non-MTUS Citation Baclofen prescribing information.

Decision rationale: The claimant sustained a work-related injury in September 2012 and continues to be treated for neck and right upper extremity pain. He underwent an anterior cervical decompression and fusion in May 2013 due to cervical spinal stenosis with spinal cord impingement. Medications are referenced as decreasing pain from 7-8/10 to 4-6/10. When seen, there was decreased cervical spine range of motion with decreased right upper extremity strength, and sensation. Norco was prescribed at a total MED (morphine equivalent dose) of 80 mg per day. In March 2015 he was having difficulty urinating and had lower extremity hyperreflexia. Oral baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries and is used off-label in the treatment of trigeminal neuralgia. In this case, the claimant has a history of cervical spinal stenosis with spinal cord impingement and may have spasticity due to upper motor neuron syndrome. Baclofen is appropriate in the management of spasticity due to spinal cord injury and the dose is within that recommended. Therefore, Baclofen was medically necessary.