

Case Number:	CM15-0125658		
Date Assigned:	07/10/2015	Date of Injury:	11/22/2011
Decision Date:	09/22/2015	UR Denial Date:	06/17/2015
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: New York

Certification(s)/Specialty: Internal Medicine

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 66 year old female, who sustained an industrial injury on 11/22/2011. She has reported subsequent low back, knee, shoulder, forearm and elbow pain and was diagnosed with lumbago, chondromalacia of the patella, pain joint of the lower leg, osteoarthritis of the shoulder and superior glenoid labrum lesion. Treatment to date has included medication, physical therapy, transcutaneous electrical nerve stimulator, continuous passive motion and surgery. Norco had been prescribed to the injured worker since at least 01/08/2015. Baclofen was started on 05/01/2015 for stiffness and tightness of the muscles of the right upper extremity. In a progress note dated 05/21/2015, the injured worker complained of right shoulder, forearm and elbow pain which was noted to have improved with physical therapy. The severity of pain was not rated. Pain during the previous 04/22/2015 visit was rated as 2/10. Objective findings were notable for healed right shoulder wound, ability to extend the thumb from a flexed position to be on the neutral position, active abduction to 100 degrees, active extension to 30 degrees, strength approaching 4-5/5 in the deltoid in the supraspinatus, decreased tenderness to palpation over the greater trochanteric bursa and iliotibial band of the right hip, tenderness of the patella tendon of the right knee, healed wounds on the back of the thigh, normal gait without assistive devices and slight tenderness over the pes anserine bursa. The injured worker remained off work. A request for authorization of Norco 10 mg #120 with one refill and Baclofen 10 mg #30 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg #120 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 75-78.

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

Decision rationale: According to the CA MTUS, Norco (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. The documentation shows that this medication had been prescribed to the injured worker since at least 01/08/2015. Although current documentation does note improvement in pain and increased mobility and function in the shoulder, knee and hip, the improvements were discussed in relation to physical therapy and home exercises and there is no specific discussion as to the effectiveness of Norco. The most recent note provides no documentation of the intensity of pain after taking Norco or the duration of pain relief. There was no recent change in work status documented. There is also no documentation that indicates that monitoring for issues of abuse/dependence was taking place and no recent urine drug screen results were provided. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The request for Norco 10mg #120 with one refill is not medically necessary per guidelines.

Baclofen 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The California MTUS Guidelines recommend non-sedating muscle relaxants, such as Baclofen, with caution as a second-line option for short-term treatment of acute low back pain (LBP), and for short-term (<2 weeks) treatment of acute exacerbations in patients with chronic LBP. The mechanism of action is blockade of the pre-and post-synaptic GABA receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. It is also a first-line option for the treatment of dystonia. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. In this case, there is no documentation provided necessitating the use of Baclofen. The injured worker's pain was documented as being minimal with no evidence of an acute exacerbation to support use. There was no documentation of spasm. The injured worker is

not diagnosed with conditions (dystonia, multiple sclerosis, spinal cord injuries, or lancinating, paroxysmal neuropathic pain) for which this medication is indicated. This medication is recommended as a second line option for treatment of pain and there is no documentation of a failure of a first line therapeutic agent. The request for Baclofen 10mg #30 is not medically necessary.