

Case Number:	CM15-0128571		
Date Assigned:	07/14/2015	Date of Injury:	03/31/1996
Decision Date:	08/10/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/02/2015

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 64 year old female, who sustained an industrial injury on March 31, 1996. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included electrodiagnostic testing, splinting, home traction unit, chiropractic care, x-ray, MRI and surgery. Currently, the injured worker complains of persistent thumb pain bilaterally with numbness and tingling in her hands and ring and small fingers. She is also experiencing sleep disturbance due to the pain. She also reports low back pain that radiates down the left leg, thigh to the level of her knee. The injured worker is diagnosed with chronic neck pain with disc protrusion at C6-C7, migraine headaches, bilateral DeQuervains syndrome, chronic back pain, bilateral thumb CMC joint arthritis, right carpal tunnel syndrome and left cubital tunnel syndrome. Her work status is, return to work with modifications. In a note dated June 10, 2015 there is persistent fullness through the first CMC joints in both hands associated with discomfort with stress and grind. A note dated June 12, 2015 states the injured worker was unable to tolerate the home traction as it caused headaches. It also states the injured worker experienced improved range of motion in the cervical spine from chiropractic care. She has tenderness to palpation and spasms at the cervical spine and tenderness over the left piriformis muscle. The following medications, Baclofen and Diclofenac are requested to continue to assist the injured worker in pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen (unspecified dosage and quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

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

Decision rationale: The claimant has a remote history of a work-related injury and is being treated for neck, back, and upper extremity pain and headaches. When seen, she was having headaches with use of cervical traction. There had been improvement with chiropractic care. There was radiating low back pain. Physical examination findings included left cervical paraspinal muscle tenderness with spasms. There was left piriformis tenderness and pain with piriformis stretching. Medications were refilled. Voltaren ER was being prescribed at 100 mg per day. Baclofen had been prescribed on a long-term basis. 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. A non-sedating muscle relaxant is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no identified new injury or acute exacerbation and baclofen has been prescribed on a long-term basis. The claimant does not have spasticity due to an upper motor neuron condition. The request was not medically necessary.

Diclofenac (unspecified dosage and quantity): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 67-71.

Decision rationale: The claimant has a remote history of a work-related injury and is being treated for neck, back, and upper extremity pain and headaches. When seen, she was having headaches with use of cervical traction. There had been improvement with chiropractic care. There was radiating low back pain. Physical examination findings included left cervical paraspinal muscle tenderness with spasms. There was left piriformis tenderness and pain with piriformis stretching. Medications were refilled. Voltaren ER was being prescribed at 100 mg per day. Baclofen had been prescribed on a long-term basis. Guidelines recommend the use of NSAID (non-steroidal anti-inflammatory medications) with caution as an option in the treatment of chronic pain including pain from osteoarthritis and conditions such as ankylosing spondylitis. Dosing is Diclofenac XR 100 mg PO once daily for chronic maintenance therapy. The requested Diclofenac XR is medically necessary.

