

Case Number:	CM15-0165560		
Date Assigned:	09/03/2015	Date of Injury:	05/22/2014
Decision Date:	12/03/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/24/2015

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

Certification(s)/Specialty: Emergency 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 43 year old female who sustained an industrial injury on 5-22-2014. A review of medical records indicates the injured worker is being treated for lumbar spine sprain strain and left lumbar radicular symptoms. Medical records dated 6-30-2015 noted low back pain. Physical examination noted decreased lumbar range of motion. Straight leg raise was positive on the left side. Treatment has included physical therapy, baclofen, and Norco since at least 6-30-2015. Utilization review form noncertified Baclofen and modified Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20mg twice daily, #60 for symptoms related to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: As per MTUS Chronic pain guidelines, Baclofen is only recommended in spasms related to spinal cord injuries, multiple sclerosis or cerebral related spasticity. There is some evidence to support its use in trigeminal neuralgia. Pt does not meet any criteria for use despite claim of subjective benefit. Chronic use is not recommended. Baclofen is not medically necessary.

Norco 5/325mg twice daily as needed, #60 for symptoms related to the lumbar spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. There is no documentation of significant improvement in pain or functional status. Patient has continued severe pain. There is no documentation of short term or long-term plan. Not medically necessary.