

Case Number:	CM15-0171362		
Date Assigned:	09/11/2015	Date of Injury:	12/06/2010
Decision Date:	10/09/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/31/2015

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: Arizona, 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:

The injured worker is a 54 year old female, who sustained an industrial injury on 12-6-2010. Medical records indicate the worker is undergoing treatment for cervical radiculitis, thoracic spine sprain-strain, lumbar radiculitis, right shoulder bursitis, chronic pain, myofascial pain syndrome and opioid-steroid allergy. A recent progress report dated 8-10-2015, reported the injured worker complained of neck pain that radiates down the right upper extremity, muscle spasms in the neck, low back pain, right upper extremity pain and bilateral lower extremities pain. Pain was rated 9 out of 10 with and without medications. The injured worker also reported activities of daily living limitations in activity, ambulation, hand function and sleep. Physical examination revealed cervical tenderness that increased with flexion, extension and rotation and thoracic paravertebral tenderness with myofascial trigger points. Physical examination also showed lumbar paravertebral tenderness with painful flexion at 50 degrees and extension at 25 degrees and right shoulder and arm tenderness. Treatment to date has included physical therapy, Percocet, Baclofen, Tramadol, Pentazocine-naloxone and Aspirin. The physician is requesting Percocet 5-325mg #30, Baclofen 10mg #60 and Tramadol 50mg #90. On 8-13-2015, the Utilization Review noncertified Percocet 5-325mg #30, Baclofen 10mg #60 and Tramadol 50mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325 mg Qty 30: 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 for chronic pain, Opioids for neuropathic pain.

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Percocet for several months in combination with Tramadol and Baclofen without significant improvement in pain or function. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Percocet is not medically necessary.

Baclofen 10 mg Qty 60: 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: According to the guidelines, Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. In this case, the claimant did not have the above diagnoses. Long-term use is not recommended. In addition, there was minimal improvement in pain scores. The continued use of Baclofen is not medically necessary.

Tramadol 50 mg Qty 90: 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, Opioids for neuropathic pain, Opioids, specific drug list.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant was on Tramadol for several months in combination with Percocet. No one opioid is superior to another. Pain score reduction with both medications was only 1 point on a 10 scale. There was no mention of Tylenol or weaning failure. Chronic use is not recommended and continued use is not medically necessary.

