

Case Number:	CM15-0065024		
Date Assigned:	04/13/2015	Date of Injury:	05/12/2011
Decision Date:	05/15/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/06/2015

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: 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 5/12/2011. Diagnoses have included lumbago, lumbar radiculopathy, lumbar disc protrusion, lumbar facet dysfunction and sacroiliac joint dysfunction. Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine, physical therapy, chiropractic treatment, bilateral sacroiliac joint injections and medication. According to the progress report dated 2/18/2015, the injured worker reported minimal help from a sacroiliac joint injection. She complained of pain in her low back. Physical exam revealed that straight leg raising, Patrick's and facet loading tests were all positive. There was tenderness to palpation over the lumbar paraspinal muscles and sacroiliac joint region with some knots in the lumbar paraspinal muscles. Authorization was requested for Baclofen, bilateral lumbar facet medial branch blocks, Tramadol and a urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, indicators for addiction Page(s): 87-89.

Decision rationale: This patient receives treatment for chronic pain since a work-related injury on 05/12/2011. The treatment diagnoses include lumbar disc disease with radiculopathy, lumbar facet joint disease, and sacroiliac disease. A urine drug screen may be medically indicated for patients taking opioids for chronic pain, if there is documentation that they are at high risk for opioid misuse or addiction. These clinical "red flags" include: decreased functioning, observed intoxication, impaired control over medication use, and a negative affective state (mood). There is no documentation of these warning signs for abuse. The urine drug screen is not medically necessary.

Baclofen 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for chronic pain Page(s): 63-65.

Decision rationale: This patient receives treatment for chronic pain since a work-related injury on 05/12/2011. The treatment diagnoses include lumbar disc disease with radiculopathy, lumbar facet joint disease, and sacroiliac disease. Baclofen is a muscle relaxer, which may be medically indicated for the short-term management of acute muscle spasm as a second-line agent. Using baclofen over the long-term (more than 2-3 weeks) is not recommended. Long-term use of muscle relaxants puts the patient at risk for side effects. These hazards include sedation and medication dependence. Baclofen is not medically necessary.