

Case Number:	CM15-0068945		
Date Assigned:	04/16/2015	Date of Injury:	10/21/1998
Decision Date:	05/15/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/11/2015

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 71 year old male who sustained an industrial injury on 10/21/1998. Current diagnoses include left hip osteoarthritis status post total hip replacement and left knee osteoarthritis. Previous treatments included medication management, injections, and left hip replacement. Previous diagnostic studies included x-rays, and MRI's. Report dated 02/06/2015 noted that the injured worker presented with complaints that included left hip and left knee pain. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included pain medications to be dispensed by pain management. Disputed treatments include Baclofen and Actiq.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20mg, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested Baclofen 20mg, #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has left hip and left knee pain. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Baclofen 20mg, #90 is not medically necessary.

Actiq 1200ugm, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Actiq (fentanyl lollipop) Page(s): 12.

Decision rationale: The requested Actiq 1200ugm, #60, is not medically necessary. Chronic Pain Medical Treatment Guidelines: MTUS (Effective July 18, 2009) Page 12 of 127. Actiq (fentanyl lollipop) note "Not recommended for musculoskeletal pain." The injured worker has left hip and left knee pain. The treating physician has not documented the medical necessity for this non-recommended opiate as an outlier to guideline recommendations. The criteria noted above not having been met, Actiq 1200ugm, #60 is not medically necessary.