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| Case Number: | CM15-0070851 | | |
| Date Assigned: | 04/20/2015 | Date of Injury: | 01/23/2013 |
| Decision Date: | 05/20/2015 | UR Denial Date: | 04/08/2015 |
| Priority: | Standard | Application Received: | 04/14/2015 |

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: Texas, 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:

This is a 42-year-old male patient who sustained an industrial injury on January 23, 2013. Diagnoses include internal derangement of the left hip with probably labral tear, anterior tibial tendonitis, and status post left hip arthroplasty. Per the doctor's note dated 3/23/2015, he had complains of left hip pain and soreness. He rates the pain a 6 on a 10-point scale without medications. He reports functional improvement and improvement in pain with his current medication regimen. Physical examination revealed an antalgic gait and tenderness to palpation over the anterior aspect of the left hip and spasm. The medications list includes neurontin, Norco, Ibuprofen and Baclofen. He has undergone hip arthroscopy and debridement of labral tear on 8/27/2014. He has had physical therapy and home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
 MUSCLE RELAXERS.

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

Decision rationale: BACLOFEN 10MG Baclofen is a muscle relaxant. California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. Patient underwent surgery on 8/27/2014. At present, the patient is not in the immediate post-operative period. The need for Baclofen on a daily basis with lack of documented improvement in function is not fully established. According to the cited guidelines, Baclofen is recommended for short term therapy and not recommended for a longer period. The quantity of Baclofen is not specified in the records provided. Evidence of acute exacerbation is also not specified in the records provided. The medical necessity of Baclofen 10mg is not fully established for this patient at this juncture. Therefore, the request is not medically necessary.

Mobic (Meloxicam) tablets: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications page 22; NSAIDs page 67, Meloxicam (Mobic) page 61.

Decision rationale: Mobic (Meloxicam) tablets 15mg Meloxicam is an NSAID. According to CA MTUS guidelines "Meloxicam is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis." CA MTUS page 67 states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states that "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." Per the submitted medical records, patient had chronic left hip pain with history of left hip surgery. NSAIDs are considered first line treatment for pain and inflammation. The request for Mobic (Meloxicam) tablets 15mg is medically appropriate and necessary for this patient to use as prn to manage her chronic pain.

12-16 physical therapy sessions 2-3 times week for 4-6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98.

Decision rationale: 12-16 physical therapy sessions 2-3 times week for 4-6 weeks. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Per the records provided, patient has had unspecified number of physical therapy visits for this injury. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy visit notes are not specified in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of 12-16 physical therapy sessions 2-3 times week for 4-6 weeks is not established for this patient at this time.