

Case Number:	CM15-0099773		
Date Assigned:	06/02/2015	Date of Injury:	08/02/2003
Decision Date:	06/30/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/26/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 61 year old male, who sustained an industrial injury on 8/2/03. He reported pain in his neck, low back, knees and shoulders. The injured worker was diagnosed as having lumbar discogenic disease with radiculitis, cervical discogenic disease, status post cervical fusion, status post bilateral knee surgery and status post right shoulder surgery. Treatment to date has included a trigger point injection to the lumbar spine and physical therapy. Current medications include Prilosec, Temazepam, Neurontin, Anaprox, Ultracet and Baclofen (since at least 1/22/15). As of the PR2 dated 3/5/15, the injured worker reports pain in the neck, low back, knees and shoulders. He rates his pain 7-8/10 without medications and 4/10 with medications. With medication, he is able to perform light exercises. Objective findings include a positive straight leg raise test, decreased range of motion in the cervical and lumbar spine and a positive McMurray's sign in both knees. The injured worker received an intramuscular Toradol injection for pain. The treating physician requested Ultracet 37.5/325mg #120 and Baclofen 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 61 year old male has complained of neck pain, low back pain, knee pain and shoulder pain since date of injury 8/2/03. He has been treated with surgery, trigger point injections, physical therapy and medications to include opioids since at least 10/2014. The current request is for Ultracet. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Ultracet is not medically necessary.

Baclofen 10 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

Decision rationale: This 61 year old male has complained of neck pain, low back pain, knee pain and shoulder pain since date of injury 8/2/03. He has been treated with surgery, trigger point injections, physical therapy and medications to include Baclofen since at least 01/2015. The current request is for Baclofen. Per the MTUS guideline cited above, muscle relaxants are recommended with caution as a second line option for the short-term (2-4 week) treatment of acute exacerbations in patients with chronic lower back pain. The recommended duration of use has been exceeded in this patient. On the basis of the MTUS guidelines, Baclofen is not medically necessary in this patient.