

Case Number:	CM14-0142090		
Date Assigned:	09/10/2014	Date of Injury:	10/29/2012
Decision Date:	10/07/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 45-year-old male with a 10/29/12 date of injury. On 8/14/14, there was a request for authorization submitted for Medrol Pak 4mg, one tablet as directed, no refills, #21, and Baclofen 10mg, one tablet three times daily as needed, no refills, #30. At that time, there is documentation of subjective complaints of tightness in his mid-back, with burning sensations, "punched in mid back," and objective findings, including: paraspinal muscle tenderness (lower lumbar); seated leg raise reproduces leg pain; decreased or painful forward flexion is demonstrated; and the patient rises abnormally. Current diagnoses are listed as low back pain and thoracic back pain, and treatment to date has included medication, including the ongoing use of muscle relaxants. Regarding the Medrol Pak, there is no documentation of radiculopathy and a symptom free period with subsequent exacerbation or evidence of a new injury. Regarding Baclofen, there is no documentation of acute exacerbation of chronic low back pain, use as a second-line option for short-term treatment, functional benefit or improvement (such as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications with muscle relaxant use to date), and/or the intent for short-term (less than two weeks) treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol Pak 4mg, one tablet as directed, #21 (with no refills): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Oral corticosteroids; Low Back Chapter, Corticosteroids (oral/parenteral/IM for low back pain)

Decision rationale: The MTUS reference to ACOEM Guidelines identifies that there is limited research-based evidence for the use of oral corticosteroids in the management of low back complaints. ODG identifies documentation of radiculopathy (with supportive subjective and objective findings) and evidence of a discussion with the patient regarding the risk of systemic steroids as criteria necessary to support the medical necessity of systemic corticosteroids in the acute phase of an injury. In addition, ODG requires documentation of a symptom-free period with subsequent exacerbation or evidence of a new injury in order to support the medical necessity of systemic corticosteroids in the chronic phase of an injury. Within the medical information available for review, there is documentation of diagnoses of low back pain and thoracic back pain. However, there is no documentation of radiculopathy and a symptom-free period with subsequent exacerbation or evidence of a new injury. Therefore, based on guidelines and a review of the evidence, the request for Medrol Pak 4mg, one tablet as directed, #21 (with no refills) is not medically necessary.

Baclofen 10mg, 1 tablet 3 x daily as needed, #30 (with no refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Muscle relaxants (for pain)

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identify these criteria necessary to support the medical necessity of muscle relaxant: documentation of an acute exacerbation of chronic low back pain and use as a second-line option for short-term treatment. The Definitions section of the MTUS identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement, such as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services. The ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of low back pain and thoracic back pain. However, there is no documentation of an acute exacerbation of chronic low back pain or the use of Baclofen as a second-line option for short-term treatment. In addition, given documentation of ongoing use of muscle relaxants, there is no documentation of functional benefit or improvement as defined by the MTUS. Furthermore, there is no documentation of the intent to use only for short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the

request for Baclofen 10mg, 1 tablet 3 x daily as needed, #30 (with no refills) is not medically necessary.