

Case Number:	CM14-0156218		
Date Assigned:	09/25/2014	Date of Injury:	08/12/2003
Decision Date:	11/06/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/24/2014

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 occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of August 12, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; earlier cervical fusion surgery; unspecified amounts of physical therapy; opioid therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated September 17, 2014, the claims administrator failed to approve a request for OxyContin, baclofen, Desyrel, and Norco. The applicant's attorney subsequently appealed. In an August 26, 2014 progress note, the applicant reported persistent complaints of neck and bilateral upper extremity pain. It was stated that the applicant's ability to sleep better was ameliorated through a combination of Ambien, Desyrel, and baclofen. The applicant stated that his medications were working. The attending provider stated that he had previously given the applicant a six-month supply of Ambien. Multiple medications were renewed, including OxyContin, baclofen, Desyrel, and Norco. The applicant's work status was not furnished, although it did not appear that the applicant was working. On July 24, 2014, the attending provider again stated that the applicant's medications were effective but did not elaborate on the nature of the same. OxyContin, Ambien, Norco, and Senna were endorsed. In earlier notes of June 26, 2014 and May 27, 2014, the attending provider again stated that various medications were helpful but did not elaborate on the nature of the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg, #30 with 5 refills: 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 Baclofen Page(s): 64, 7-8. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration (FDA), Baclofen Medication Guide

Decision rationale: While page 64 of the MTUS Chronic Pain Medical Treatment Guidelines does state that baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and can be employed off label for neuropathic pain, in this case, however, it appears that the attending provider is employing baclofen for sedative effect. This is not an FDA endorsed role for baclofen. The FDA notes that baclofen is useful for the alleviation of spasticity associated with multiple sclerosis. The attending provider, however, failed to furnish any compelling applicant-specific rationale or medical evidence to support provision of baclofen for non-FDA labeled purposes. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that it is incumbent upon an attending provider to furnish compelling medical evidence to support usage of drugs for non-FDA labeled purpose. In this case, no such evidence was furnished. Therefore, the request is not medically necessary.

Trazodone 100mg, #30 with 5 refills: 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 Antidepressants for Chronic Pain, Function Restoration Approach to Chronic Pain Management Page(.

Decision rationale: While page 13 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that antidepressants such as trazodone are recommended as a first-line option for neuropathic pain and is a possibility for non-neuropathic pain, in this case, however, it appears that the applicant is using trazodone for sedative effect purposes. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, however, an attending provider should incorporate some discussion of medication efficacy and "other medications" into his choice of recommendations, in this case, ongoing usage of trazodone has not effectively ameliorated the applicant's sleep complaints, it has been stated on several occasions. The applicant has been using three separate medications for sleep, trazodone, Ambien, and baclofen, implying that usage of trazodone has not been altogether effective in ameliorating the applicant's complaints of insomnia. Therefore, the request is not medically necessary.

Norco 10/325mg, #60 with 2 refills: 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 When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is seemingly off of work. While this may be a function of age (66) as opposed to a function of the industrial injury, the attending provider has, however, failed to quantify any decrements in pain achieved as a result of ongoing Norco usage, nor has the attending provider outlined any material improvements in function achieved as a result of the same. Therefore, the request is not medically necessary.