

Case Number:	CM14-0173536		
Date Assigned:	10/24/2014	Date of Injury:	03/31/2012
Decision Date:	11/25/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/21/2014

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 American Board Internal 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 injured worker (IW) is a 43-year-old woman with a date of injury of March 31, 2012. The specific mechanism of injury was not documented in medical record. She is diagnosed with low back pain, sciatica, and spondylolisthesis. Pursuant to the progress report dated April 17, 2014 indicates that the IW is reporting low back pain and sciatica and her pain is worse. Medications include Baclofen 10mg TID, and Naprosyn 500mg BID. Exam findings revealed no focal neurologic signs. Gait was normal. Lumbar spasms and decreased range of motion is noted. The progress note dated May 29, 2014 revealed a similar exam, continuation of Baclofen and Naprosyn, and approval of an acupuncture program. The progress note dated July 29, 2014 indicated the acupuncture made the pain worse. There is no change in physical examination and Baclofen and Naprosyn were continued. The current medication list also includes Advil. The progress note dated September 9, 2014 reports that the IW is not taking her medications because the insurer is not paying for the medications. The exam remains unchanged. The record indicates that Baclofen and Naprosyn are continued. Treatment plan states re-check in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants

Decision rationale: The Official Disability Guidelines recommend non-sedating muscle relaxants as a second line option, with caution for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use of some medicines in this class may lead to dependence. In this case, the injured worker was diagnosed with low back pain, sciatica and spondylolisthesis. A progress report dated April 17, 2014 indicated the injured worker reports low back pain and sciatica and her pain is worse. Medications include Baclofen 10 mg TID and Naprosyn 500 mg the ID. There are no focal neurologic findings. There is, however, spasm in the lumbar region with decreased range of motion. A progress note dated May 29, 2014 shows a similar physical examination. Acupuncture was approved however in a report dated July 29, 2014 the symptoms became worse. There was no change in the examination and both Naprosyn and baclofen were continued. Current medications also list Advil (another anti-inflammatory drug). September 9, 2014 progress note states the patient is not taking the medicines because the insurer is not paying for the medications. There is no documentation as to functional improvement with decreased pain noted in the September 9th progress note. There is no apparent functional improvement and the injured worker's physical examination appears to remain unchanged. Consequently, the Baclofen 10 mg #90 is not medically necessary. Based on the clinical information in the medical record of the peer-reviewed evidence-based guidelines, Baclofen 10 mg #90 is not medically necessary.

Naprosyn 500mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); NSAI

Decision rationale: The guidelines recommend non-steroidal anti-inflammatory's at the lowest dose for the shortest period of time in patients with moderate to severe pain. Non-steroidal anti-inflammatory drugs appear to be superior to acetaminophen, particularly in patients with moderate to severe pain. The main concerns with non-steroidal anti-inflammatory drugs involve the adverse drug effects. Adverse effects include, but are not limited to, cardiovascular and gastrointestinal side effects. In this case, the medical records document the use of multiple non-steroidal anti-inflammatory drugs (Naprosyn and Advil concurrently). Additionally there is no documentation of functional improvement or decrease in pain as a result of taking both anti-inflammatory drugs. Consequently, Naprosyn 500 mg #60 is not medically necessary. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, Naprosyn 500 mg #16 is not medically necessary.

