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| Case Number: | CM13-0026063 | | |
| Date Assigned: | 11/22/2013 | Date of Injury: | 08/20/2007 |
| Decision Date: | 02/12/2014 | UR Denial Date: | 09/13/2013 |
| Priority: | Standard | Application Received: | 09/18/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, 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 physician 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 claimant is a 56 year old male who sustained an injury on 8/20/07 as the result of a fall. He now experiences chronic knee, neck, shoulder, and arm pain. A progress note on 6/6/13 from a pain specialist noted that the claimant has ongoing neck, shoulder and back pain with decreased range of motion. There was cervical spine tenderness as well. He has had two shoulder surgeries with noted continued pain with range of motion. He also previously completed physical therapy as well as home exercises. He was prescribed Vicodin ES, Gabapentin, Baclofen, Butrans patches, Phenergan, and Docusate. A urine drug screen performed that day noted compliance with current medications with the additional note of alcohol use. A follow up on 7/11/13, noted a similar examination and a similar medication treatment plan. The pain remained unchanged.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Baclofen 5mg: Upheld

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

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

Decision rationale: According to the MTUS guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Baclofen is a muscle relaxant that is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. In this case, there is no identified improvement in symptoms with Baclofen use. The claimant does not have MS or a spinal cord injury. He also has been using it over a month for chronic pain when this medication is recommended for short-term use of acute symptoms. The continued use of Baclofen is not medically necessary.

90 Gabapentin 100mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18, 49..

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Neurontin (Gabapentin) is effective for diabetic neuropathic pain and post-herpetic neuralgia. It has been considered a first line therapy for neuropathic pain. In this case, the claimant does not have the above medical conditions that would require Gabapentin. It is not FDA approved for chronic pain conditions not related to diabetic neuropathy or post-herpetic neuralgia. As a result, continued use is not medically necessary.

Four Butrans patches 20mcg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27..

Decision rationale: Buprenorphine (Butrans) is used for the treatment of opioid addiction or for chronic pain after detoxification of opioid use. Its use as a patch has been recommended because of the advantages of no analgesic ceiling, good safety profile, and ability to suppress opioid withdrawal. In this case, there is no mention of opioid addiction or need for opioid detoxification. As a result, the use of Butrans patches is not medically necessary.

Request for 90 Phenergan 25mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-83. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: MTUS guidelines do not make recommendations on antiemetics for chronic opioid use. According to the Official Disability Guidelines, Promethazine (Phenergan®) is recommended as a sedative and antiemetic in pre-operative and post-operative situations. It is not recommended for nausea and vomiting secondary to chronic opioid use. In this case, there is no mention of existing nausea or emesis. The claimant does not meet criteria for use of Phenergan and it is not medically necessary.

Request for a pain management evaluation and treatment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80..

Decision rationale: According to the MTUS guidelines, if there are repeated violations of the medication contract or any other evidence of abuse, addiction, or possible diversion, a patient should consult with a physician that is trained in addiction to assess the ongoing situation and recommend possible detoxification. In this case, the claimant is seeing a pain specialist. There is no indication of abuse that would require another consultation or additional input. A pain management referral is not medically necessary.