

<b>Case Number:</b>	CM13-0039888		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	04/17/2000
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 49-year-old female with a 4/17/00 date of injury. At the time (8/22/13) of the request for authorization for spinal cord stimulator trial, Alprazolam 0.25mg 1 TID PRN, and Baclofen 10mg 1 TID PRN, there is documentation of subjective (neck pain, upper anterior chest pain, upper back pain, and bilateral upper extremity pain) and objective (discomfort with range of motion of the shoulders secondary to pain, there is great tenderness of the anterior chest musculature of the pectoralis muscles, soft tissue swelling in both hands, tenderness of the upper back, paraspinous, rhomboid, levator scapula muscles, and range of motion is limited secondary to pain and muscle spasms) findings. The current diagnoses are facet syndrome, fibromyalgia, lesion of lateral popliteal nerve, disc disease - cervical, carpal tunnel syndrome, brachial neuritis or radiculitis not otherwise specified (NOS), cervicalgia/neck pain, pain in joint, other specified arthropathy shoulder region, other affections of shoulder not elsewhere classified, thoracic or lumbosacral neuritis or radiculitis unspecified, and other bursitis. The treatment to date includes ongoing use of Alprazolam and Baclofen. Regarding spinal cord stimulator trial, there is no documentation of careful counseling and patient identification, the SCS will be used in conjunction with comprehensive multidisciplinary medical management, and SCS will be combined with physical therapy. Regarding Alprazolam 0.25mg 1 TID PRN, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Alprazolam use to date; and the intention to treat over a short course (less than four weeks). Regarding Baclofen 10mg 1 TID PRN, there is no documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Baclofen use to date.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal Cord Stimulator Trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS) Page(s): 105-107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, Spinal Cord Stimulators (SCS) Page(s): 38.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of careful counseling and patient identification, the SCS will be used in conjunction with comprehensive multidisciplinary medical management, and SCS will be combined with physical therapy, as criteria necessary to support the medical necessity of spinal cord stimulation in the management of CRPS/RSD. Within the medical information available for review, there is documentation of diagnoses of facet syndrome, fibromyalgia, lesion of lateral popliteal nerve, disc disease - cervical, carpal tunnel syndrome, brachial neuritis or radiculitis NOS, cervicalgia/neck pain, pain in joint, other specified arthropathy shoulder region, other affections of shoulder not elsewhere classified, thoracic or lumbosacral neuritis or radiculitis unspecified, and other bursitis. However, there is no documentation of careful counseling and patient identification, the SCS will be used in conjunction with comprehensive multidisciplinary medical management, and SCS will be combined with physical therapy. Therefore, based on guidelines and a review of the evidence, the request for spinal cord stimulator trial is not medically necessary.

**Alprazolam 0.25mg 1 TID PRN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of facet syndrome, fibromyalgia, lesion of lateral popliteal nerve, disc disease - cervical, carpal tunnel syndrome, brachial neuritis or radiculitis NOS, cervicalgia/neck pain, pain in joint, other specified arthropathy shoulder region, other affections of shoulder not elsewhere classified, thoracic or lumbosacral neuritis or radiculitis unspecified, and other bursitis. However, given documentation

of ongoing treatment with Alprazolam, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Alprazolam use to date; and the intention to treat over a short course (less than four weeks). Therefore, based on guidelines and a review of the evidence, the request for Alprazolam 0.25mg 1 TID PRN is not medically necessary.

**Baclofen 10mg 1 TID PRN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**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); and Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Official Disability Guidelines 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 facet syndrome, fibromyalgia, lesion of lateral popliteal nerve, disc disease - cervical, carpal tunnel syndrome, brachial neuritis or radiculitis NOS, cervicgia/neck pain, pain in joint, other specified arthropathy shoulder region, other affections of shoulder not elsewhere classified, thoracic or lumbosacral neuritis or radiculitis unspecified, and other bursitis. However, there is no documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment. In addition, given documentation of ongoing treatment with Baclofen, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Baclofen use to date. Therefore, based on guidelines and a review of the evidence, the request for Baclofen 10mg 1 TID PRN is not medically necessary.