MAXIMUS Federal Services

Case Number:	CM13-0052853		
Date Assigned:	12/30/2013	Date of Injury:	06/23/2004
Decision Date:	04/30/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/18/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 is a 38-year-old female who reported an injury on 06/23/2004. The injured worker was seen on 10/29/2013; whereupon, she stated that her medication Pristiq had significant side effects initially, but those have resolved with some pain relief noted. The injured worker was seen the following day, returning 3 months following battery replacement surgery. Under objective findings, it was noted that the injured worker showed no signs of infection at the incision site, which was completely healed at that point. However, the injured worker was still extremely tender with very light palpation over the incision site with significant hypersensitivity. The injured worker was seen on 11/19/2013 for a psychological pain management evaluation; whereupon, it was stated that due to her lack of progress, it appeared increasingly obvious that when invasive procedures and sufficient recovery were completed, the injured worker would require a functional restoration type of treatment program to make any significant progress. The injured worker was seen most recently on 12/11/2013; whereupon, it was noted that the injured worker had no erythema or drainage, but continued to walk with the use of a walker with a slightly stooped forward position and antalgic gait. She was also extremely tender with very light palpation over the incision site with significant hypersensitivity.

IMR ISSUES, DECISIONS AND RATIONALES

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

BACLOFEN 10MG #90 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

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

Decision rationale: Regarding the first request for Baclofen 10 mg for a total of 90 with 3 refills, according to the California MTUS Guidelines, Baclofen is recommended for oral use in the treatment of spasticity or muscle spasms related to conditions such as multiple sclerosis or spinal cord injuries. It has also been noted to have benefits for treating conditions such as lancinating, paroxysmal neuropathic pain. In the case of this injured worker, she has been diagnosed as having neuropathic pain with a diagnosis of epidural fibrosis as well as neuropathic pain in the right foot. Recommended dosing is set at 5 mg 3 times a day with a titration which can be made every 3 days up to a maximum dose of 80 mg a day. The request is for 10 mg of Baclofen; however, there are no indications of the frequency or duration of for the use of this medication. Therefore, it is unclear if the injured worker is utilizing in excess of the 80 mg recommended for use per day. Furthermore, the most recent documentation dated 12/11/2013 indicated that the injured worker had been utilizing Keflex 500 mg capsules, and it is unclear if the injured worker received any positive effects from the use of that muscle relaxant. Furthermore, the documentation from 10/29/2013 through 12/11/2013 does not provide a thorough overview of the injured worker's level of pain as it relates to her medication use. The injured worker has been utilizing several oral medications as well as a spinal cord stimulator. However, there is no documentation stating that the injured worker has received adequate relief from the use of any of these methods of pain treatment. Therefore, the medical necessity for the use of Baclofen cannot be established and is not supported.

GABAPENTIN 250 MG/5ML (1800ML) WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 18.

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

Decision rationale: Regarding the second request for Gabapentin "1800 mL" with 3 refills, according to the California MTUS Guidelines, this antiepilepsy drug has been effective for use in the treatment of diabetic painful neuropathy as well as postherpetic neuralgia and has also been considered as a first-line treatment for neuropathic pain. Although the documentation indicates that the injured worker has been utilizing this medication since at least 10/2013, there is no current documentation indicating that this medication has been effective in reducing the injured worker's neuropathic pain. The physician also did not provide a frequency and duration for the use of the Gabapentin. Therefore, the medical necessity for its continuation cannot be established and is not supported at this time.

LIDODERM PATCH 5% #60 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Regarding the request for Lidoderm patch 5% for a total of 60 with 3 refills, according to the California MTUS Guidelines, Lidocaine is recommended for use for localized peripheral pain after there has been evidence of a trial of first-line therapy, which can include tricyclic or SNRI antidepressants or an AED such as Gabapentin or Lyrica. The injured worker has been noted to have utilized Gabapentin; however, there was no documentation indicating that the previous use of Lidoderm (which she has been utilizing since at least 10/2013), nor the Gabapentin, has provided sufficient pain relief for the injured worker. Therefore, the continuation of the use of Lidoderm cannot be established as medically necessary. As such, the request is non-certified.

PRISTIQ 50MG #30 WITH 3 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 Selective serotonin and norepinephrine reuptake inhibitors, SNRIS Page(s): 13. Decision based on Non-MTUS Citation Drugs.com.

Decision rationale: Regarding the request for Pristiq 50 mg for a total of 30 with 3 refills, according to the California MTUS Guidelines, SNRIs are utilized to treat neuropathic pain and radiculopathy; however, there is still a need for more studies to determine the efficacy for its use. The online website, drugs.com, has also been referred to in this case; and it states that Pristiq is an antidepressant in a group of drugs called selective serotonin norepinephrine reuptake inhibitors. This medication is utilized to treat major depressive disorder. In the case of this injured worker, the documentation indicates that she has been utilizing this medication since at least 10/2013. However, there was a lack of documentation indicating any functional improvement from the use of Pristiq. Therefore, the continuation of its use cannot be supported without sufficient documentation of improvement in pain or functional ability. As such, the requested service is non-certified.