

Case Number:	CM13-0058588		
Date Assigned:	02/14/2014	Date of Injury:	08/22/2003
Decision Date:	06/25/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	11/27/2013

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 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:

Prior treatment history has included the following medications: Baclofen (started on 01/10/2012 and ended on 04/08/2012), Tramadol 50 mg (started 05/01/2012 and ended on 06/29/2012), Lexapro, and Lyrica. She also took diazepam with possibility of drug interaction, Soma, Neurontin and Norco. The patient received physical therapy with no long term benefit as well as vocational rehabilitation. A (TENS) transcutaneous electrical nerve stimulation unit gave mild to moderate benefit. The patient has a history of radial nerve entrapment release 02/26/2002. Diagnostic studies reviewed include a urine drug screen resulting detection of Tramadol and this finding is consistent with use of medications that include Ultram and Topalgic. Progress note dated 10/24/2013 documented the patient to have complaints of right upper extremity neuropathic symptoms. Currently the pain is rated 6/10, but can wax and wane in nature from 4/10 to 6/10. The symptoms are consistent with a previous right radial nerve entrapment syndrome. The pain is associated with intermittent neuropathic symptoms such as burning, numbness, tingling, and pins and needles sensation. The patient denies any subjective weakness. The patient reports 50% to 60% relief of pain on current medications. The patient denies side effects of constipation, nausea/vomiting, pruritus, cognitive dysfunction, sedation, dizziness or lightheadedness. Functionality changes due to current medications include activities of daily living and recreational activities. The patient reports an increase in mood and quality of life on current medications. The patient reports that opioid medications are kept in a lock box. The patient has a psychiatric history of anxiety and depression. Objective findings on exam included an extremity exam that revealed surgical scar consistent with previous radial nerve. The shoulders are examined and the range of motion is normal. There is no tenderness along the shoulder girdle. The elbow range of motion is diminished on the right. Diminished strength of the right lower arm secondary to pain. The wrist and upper extremity motion is normal.

Diagnosis: Cervical neuralgia/neuritis unspecified. Injury to radial nerve. Prescriptions: Baclofen, Lyrica and Tramadol. Plan: return visit in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Baclofen DOS 10/24/13, and prospective usage for Baclofen:

Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS (FOR PAIN), PAGE 63-64

Decision rationale: According to the guidelines, Baclofen is used to decrease spasticity in conditions such as cerebral palsy, MS, and spinal cord injuries (upper motor neuron syndromes). Associated symptoms include exaggerated reflexes, autonomic hyper reflexia, dystonia, contractures, paresis, lack of dexterity and fatigability. Baclofen (Lioresal®, generic available): It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. The medical records do not demonstrate this patient has a condition for which Baclofen is medically indicated to treat. In the absence of spasticity as seen in conditions such as CP, MS and spinal cord injuries, the medical necessity of Baclofen is not established under the guidelines. The retrospective request and prospective use of Baclofen is not supported by the guidelines. Therefore the request is not medically necessary.

Prospective usage of Tramadol: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, Tramadol, opioids.

Decision rationale: Tramadol is indicated for moderate to severe pain. The Chronic Pain Medical Treatment Guidelines, state opioids for neuropathic pain are not recommended as a first-line therapy. Opioid analgesics and Tramadol have been suggested as a second-line treatment (alone or in combination with first-line drugs). A recent Cochrane review found that Tramadol decreased pain intensity, produced symptom relief and improved function for a time period of up to three months but the benefits were small (a 12% decrease in pain intensity from baseline). Patient is already using an antidepressant and anticonvulsant (Lexapro and Lyrica), which are considered first line treatment for neuropathic pain. The patient describes benefit of reduced

pain and increased function with medication use. The medical necessity of Tramadol has been established. Therefore the request is medically necessary.