

<b>Case Number:</b>	CM13-0063041		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/31/1995
<b>Decision Date:</b>	04/09/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Internal Medicine, Pulmonary Diseases 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 patient is a 43-year-old male who reported an injury on 01/31/1995. The mechanism of injury was not submitted. The patient was diagnosed with lumbago, unspecified myalgia and myositis, and cervicalgia. The patient complained of pain to the shoulders and low back that was achy and constant. The patient reported his pain at worst was 3/10 to 4/10. The patient is being treated with Zanaflex, baclofen, Neurontin, Celebrex, Lunesta, Pristiq, and a blinded pain cocktail. The patient reported he participates in a home exercise program. The patient reported dry mouth and sweating as side effects of the medication. The patient had tenderness to palpation at the cervical spinous processes. The patient had functional strength in the upper extremities with decreased range of motion in left to right side. The patient was recommended a continuation of medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Blinded Pain Cocktail at 25cc BID: 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 Opioid on-going management Page(s): 78.

**Decision rationale:** The Physician Reviewer's decision rationale: CA MTUS Guidelines states four proposed domains have been proposed as relevant for ongoing monitoring of chronic pain patients on opiates; pain relief, side effects, physical and psychosocial functional and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. The patient complained of pain; however, the request is nonspecific. The requested for a blinded pain cocktail does not specify the contents of the cocktail. Given the lack of documentation to support guideline criteria, the request is non-certified.

**Baclofen 10mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 58.

**Decision rationale:** The Physician Reviewer's decision rationale: CA MTUS states baclofen is recommended orally for the treatment of spasticity and muscle spasms related to multiple sclerosis or spinal cord injuries. The patient complained of pain to the shoulders and low back; however, the documentation does not show evidence of muscle spasms. Given the lack of documentation to support guideline criteria, the request is non-certified.

**Neurontin 800mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptics Page(s): 18.

**Decision rationale:** The Physician Reviewer's decision rationale: CA MTUS states gabapentin has been shown to be effective of treatment for diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. The patient complained of low back pain and shoulder pain; however, the clinical documentation submitted for review does not indicate the patient has any neuropathic symptoms. Given the lack of documentation to support guideline criteria, the request is non-certified.

**Celebrex 200mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68.

**Decision rationale:** The Physician Reviewer's decision rationale: CA MTUS states COX-2 inhibitors may be considered if the patient has risk for gastrointestinal complications, but not for the majority of patients. The patient complained of pain; however, the documentation submitted does not show evidence of gastrointestinal symptoms. Given the lack of documentation to support guideline criteria, the request is non-certified.