

Case Number:	CM14-0003374		
Date Assigned:	01/31/2014	Date of Injury:	08/02/2000
Decision Date:	06/19/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/08/2014

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, has a subspecialty in Sports Medicine, and is licensed to practice in Texas. 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 68-year-old with reported injury date of August 2, 2000; the mechanism of injury was not stated in the clinical documentation reviewed. The injured worker had symptoms of constant neck pain and constant headaches. The injured worker states when the pain in the neck get worse the headaches get worse. The injured worker is taking Norco and states good results. The injured worker states his stomach is fine as long as he is taking his famotidine. The injured worker takes Cymbalta which has helped reduce his pain and helped with depression. The injured worker states the combination of his medication "keeps the shakes away" by this he means, that when the pain gets bad, he has some involuntary muscle spasms. The injured worker states he had occasional numbness in his fingers, but none at the exam. The injured worker saw his family physician regarding his dizziness and was subsequently referred to a neurologist, an MRI scan of the brain and the results are pending. The injured worker rates his pain today at 5/10. The injured worker cervical spine is very stiff muscles with restricted range of motion, the neck painful on palpation. Motor and sensory exam of upper extremities is normal. He has normal extension and flexion of the neck but rotation is limited bilaterally. The injured worker had negative Tinel's sign. The injured worker is diagnoses with chronic cervical pain (cervalgia). The medical doctor is treating the injured worker with Norco, Baclofen, Cymbalta, Gabapentin, and Famotidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

BACLOFEN 10 MG QTY: 60: Upheld

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, MUSCLE RELAXANTS, 63

Decision rationale: The injured worker had symptoms of constant neck pain and constant headaches. The injured worker states when the pain in the neck get worse the headaches get worse. The injured worker states he said occasional numbness in his fingers, but none at the exam. The injured worker saw his family physician regarding his dizziness and was subsequently referred to a neurologist, an MRI scan of the brain and the results are pending. The injured worker rates his pain today at 5/10. The injured worker cervical spine is very stiff muscles with restricted range of motion, the neck painful on palpitation. The Chronic Pain Medical Treatment Guidelines states muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most lower back pain cases, they show no benefit beyond NSAIDs (non-steroidal anti-inflammatory drugs) 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. There is no indication of the injured worker use of NSAIDSalone. There is no documentation contraindicating the prescription of NSAID's for the treatment of muscle spasms, such as GI (gastrointestinal) upsets or hypertension. The request for Baclofen 10mg, sixty count, is not medically necessary or appropriate.

FAMOTIDINE 20 MG QTY: 90: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK, 68

Decision rationale: The injured worker had symptoms of constant neck pain and constant headaches. The injured worker states when the pain in the neck get worse the headaches get worse. The injured worker is taking Norco and states good results. The injured worker states his stomach is fine as long as he is taking his famotidine. The injured worker takes Cymbalta which has helped reduce his pain and helped with depression. The injured worker states the combination of his medication "keeps the shakes away" by this he means, that when the pain gets bad, he has some involuntary muscle spasms. The injured worker states he said occasional numbness in his fingers, but none at the exam. The injured worker rates his pain today at 5/10. The injured worker cervical spine is very stiff muscles with restricted range of motion, the neck painful on palpation. The Chronic Pain Medical Treatment Guidelines recommend that there should be GI (gastrointestinal) symptoms. The clinical documentation does show that the injured

worker has improved GI symptoms with Famotidine. The request for Famotidine 20mg, ninety count, is medically necessary or appropriate.