

Case Number:	CM14-0100417		
Date Assigned:	07/30/2014	Date of Injury:	07/07/1998
Decision Date:	10/06/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/30/2014

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 Anesthesiology, has a subspecialty in Pain 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 55 year old female injured on 07/07/98 while carrying a child resulting in cervical spine pain. The injured worker underwent multiple cervical spine surgeries without significant benefit. Additional surgical interventions included two right shoulder surgery, bilateral bone graft harvesting, and superficial surgery for lipoma. Previous medical illnesses included thoracic spine scoliosis with pulmonary restriction, tardive dyskinesia with gait disturbance secondary to Buspar treatment, bowel and bladder incontinence secondary to T3 cord compression, peptic ulcer disease, and hemorrhoids. Following surgical intervention medical condition complexity increased to include sleep maintenance insomnia, GERD, deconditioning, wheelchair bound, inactivity, depression, and chronic pruritis treated with Atarax. Clinical note dated 07/24/14 indicated the injured worker presented complaining of neck pain and low back pain rated 8/10 without medication and 6/10 with medication. The injured worker reported medication continued to be helpful to reduce pain allowing injured worker to care for bed bound mother and perform walking at home. The injured worker reported Protonix helpful for upset stomach. Physical examination revealed the injured worker assisted by wheelchair, cervical spine range of motion restricted with pain and stiffness, paravertebral muscle spasm, tenderness on the left, positive Spurling, severe right cervical thoracic scoliosis, sensation decreased over right lateral forearm and fourth and fifth finger of the right hand, and upper extremities strength 4/5. Treatment plan included continuation of TENS and prescription for gabapentin, Norco, MS Contin, baclofen, and docusate. The injured worker utilized baclofen for reduction of flared muscle spasm which reported occurred on a daily basis with 40% reduction in muscle tension. Initial request for baclofen 10mg #60 and Protonix 40mg #30 was non-certified on 06/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Baclofen 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. Additionally, the presence of spasm on a daily basis with the use Baclofen indicates a lack of medication efficacy. As such, the medical necessity of 1 Prescription of Baclofen 10mg #60 cannot be established at this time and is therefore not medically necessary.

1 Prescription of Protonix 40mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs), gastrointestinal.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Documentation indicates the injured worker has a history of prolonged NSAIDs and narcotics use indicating the potential for gastric irritation and need for protection. Additionally, the injured worker has a history of GERD and complaints of stomach pain/irritation. As such, the request for 1 Prescription of Protonix 40mg #30 is recommended as medically necessary.