

<b>Case Number:</b>	CM14-0018725		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	10/31/1994
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 Internal Medicine, has a subspecialty in 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 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 with a reported injury date of 10/31/1994; the mechanism of injury was not provided. Diagnoses included complex regional pain syndrome, Cerebral thrombosis with cerebral infarction, cerebral embolism without mention of cerebral infarction, variants of migraine; without mention of intractable migraine without mention of status migrainosus, degeneration of cervical intervertebral disc, unspecified reflex sympathetic dystrophy, post laminectomy syndrome; cervical region, unspecified myalgia and myositis, and carpal tunnel syndrome. The clinical note dated 04/01/2014 noted that the injured patient complained of an increase in neck and shoulder pain and neck stiffness due to being off baclofen. The pain was rated normally at 2/10 but intermittently reaches 7/10. The objective findings included tenderness over the paravertebral muscles and spinous processes and trapezius muscles bilaterally and restricted range of motion in the neck. It was also noted that the injured worker had tenderness to the sub-occipital and occipital region bilaterally and tenderness over the paravertebral and intrascapular muscles bilaterally. Additional objective findings included decreased sensation in the C5, C6 dermatome of the left hand, diminished pincher strength in the left hand, and slightly diminished strength in hand grip. The injured workers medication regimen (since at least 02/25/2013) included Premarin 1.25mg once daily, Pantoprazole 40 mg, Restasis 0.05%, Polyethylene Glycol 3350 powder, Verapamil HCL 80mg three times daily, and Neurontin 300mg. Additional medications (as of 01/29/2014) included Hydrocodone-Acetaminophen 5/325mg 1 to 3 tabs daily, Alprazolam 0.25mg, and Aspirin-81 81mg once daily. It was also noted that Magnesium 250mg once daily, B Complex, and Melatonin 1.5mg once daily were prescribed as of 04/01/2014. It was noted that the injured worker received an unspecified amount of treatments that included TENS unit, biofeedback, chiropractic care, bed rest, traction, trigger point injections, epidural steroid injection, interferential unit, and

psychotherapy. The clinical noted referenced an unofficial MRI from 10/25/2006 which revealed a broad based left lateral disk herniation with associated degenerative osteophytes on the left, a narrowing of the spinal canal to an diameter of 1 cm. The left central canal recess was filled with the dis and there was neural foramen bilaterally at the C5-C6 level. It also revealed moderate to severe spinal stenosis at C5-C6 with bilateral neural foraminal stenosis and right C4-C5 neural foraminal stenosis. The request for authorization for Baclofen 10mg #90 x 3 refills, Neurontin 300mg #150 x 2 refills, and supplies for TENS unit was submitted on 01/29/2014.

### **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 QTY: 270.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants For Pain Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Page(s): 63-66.

**Decision rationale:** It was noted that the injured worker had complaints of an increase in neck and shoulder pain and neck stiffness due to being off baclofen. The pain was rated normally at 2/10 but can reach 7/10. The objective finding included tenderness over the paravertebral muscles and spinous processes and trapezius muscles bilaterally and restricted range of motion in the neck. It was also noted that the injured worker had tenderness to the sub-occipital and occipital region bilaterally and tenderness over the paravertebral and intrascapular muscles bilaterally. Additional objective findings included decreased sensation in the C5, C6 dermatome of the left hand, diminished pincher strength in the left hand, and slightly diminished strength in hand grip. The California MTUS guidelines recommend the use of Baclofen orally for treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. The medical necessity of this medication cannot be determined due to the lack of objective physical exam findings or documentation of spasticity and/or muscle spasms or a history of multiple sclerosis and/or spinal cord injury. As such the request for Baclofen 10mg, #90 with 3 refills QTY: 270 is not medically necessary.

**NEURONTIN 300MG, #150 WITH 2 REFILLS QTY: 450.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDS) Page(s): 16,18.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDS) Page(s): 18-19.

**Decision rationale:** It was noted that the injured worker had complaints of an increase in neck and shoulder pain and neck stiffness due to being off baclofen. The pain was rated normally at 2/10 but can reach 7/10. The objective finding included tenderness over the paravertebral muscles and spinous processes and trapezius muscles bilaterally and restricted range of motion in

the neck. It was also noted that the injured worker had tenderness to the sub-occipital and occipital region bilaterally and tenderness over the paravertebral and intrascapular muscles bilaterally. Additional objective findings included decreased sensation in the C5, C6 dermatome of the left hand, diminished pincher strength in the left hand, and slightly diminished strength in hand grip. The documented current medication use included, Pantoprazole, Restasis, Polyethylene Glycol, Verapamil HCL, Neurontin, Hydrocodone-Acetaminophen, Alprazolam, Aspir-81, Magnesium, B Complex, and Melatonin. The California MTUS guidelines state that gabapentin is recommendation for CRPS with a trial period of three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. The documentation provided notes that the injured worker has been prescribed Neurontin since at least 02/25/13; however there is a lack of documentation provided that shows the injured worker received a quantifiable reduction in pain from the use of this medication, documentation of significant objective functional improvement, and/or documentation showing that the injured worker has not experienced side effects. Due to the above points the request for Neurontin 300mg, #150 with 2 refills QTY: 450 is not medically necessary.

**TENS UNIT SUPPLIES QTY: 1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain, (Transcutaneous Electrical Nerve Stimulation) Page(s): 114-116.

**Decision rationale:** It was noted that the injured worker had complaints of an increase in neck and shoulder pain and neck stiffness due to being off baclofen. The pain was rated normally at 2/10 but can reach 7/10. The objective finding included tenderness over the paravertebral muscles and spinous processes and trapezius muscles bilaterally and restricted range of motion in the neck. It was also noted that the injured worker had tenderness to the sub-occipital and occipital region bilaterally and tenderness over the paravertebral and intrascapular muscles bilaterally. Additional objective findings included decreased sensation in the C5, C6 dermatome of the left hand, diminished pincher strength in the left hand, and slightly diminished strength in hand grip. The California MTUS guidelines do not recommend the use of a TENS unit as primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. Criteria for the use of TENS includes documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried and failed, documented one-month trial period (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function, and a documented treatment plan which includes the specific short- and long-term goals of treatment with the TENS unit. The medical necessity of this therapy cannot be determined due to the lack of documentation of the one-month trial period. There was a lack of quantifiable evidence that the use of the therapy reduced pain and the

requesting physician did not include an adequate treatment plan. Furthermore, it remains unclear what specific supplies are being requested. Due to the above points the request for TENS unit supplies QTY: 1 is not medically necessary.