

Case Number:	CM14-0120256		
Date Assigned:	08/06/2014	Date of Injury:	12/06/2013
Decision Date:	12/12/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/30/2014

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 Neurology and is licensed to practice in Texas, Massachusetts and Ohio. 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 50-year-old male who reported injuries after being struck by a large branch falling from 20 feet while he was bent over, with subsequent loss of consciousness on 12/06/2013. On 06/18/2014, his diagnoses included closed head injury, cervical sprain, left shoulder sprain with possible labral tear/rotator cuff tear, thoracic sprain, lumbar sprain, chronic pain, and post-traumatic migraines. His complaints included bilateral neck/shoulder pain, cervical occipital and occipital headaches, and pain of the thoracic and lumbar spine. Upon examination he had substantial tenderness in the cervical occipital and paravertebral muscles, and the left shoulder. In addition to a request for pain management consultation, the following medications were requested: Gabapentin 100 mg, Celebrex 200 mg, Omeprazole 20 mg, Baclofen 10 mg, and Frova 2.5 mg. The Baclofen was ordered for pain and spasms. There was no rationale for the Gabapentin. Requests for Authorization dated 06/18/2014 were included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Gabapentin prescribed on 6/18/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin (Neurontin) Page(s): 16-22,49.

Decision rationale: The request for retrospective request for Gabapentin prescribed on 6/18/14 is not medically necessary. The California MTUS Guidelines recommends antiepileptic medications for neuropathic pain, primarily postherpetic neuralgia and painful polyneuropathy, with diabetic polyneuropathy being the most common example. There are few randomized control trials directed at central pain. A good response for the use of antiepileptic medications has been defined as a 50% reduction in pain, and a moderate response as a 30% reduction. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. It has also been recommended for complex regional pain syndrome. There was no documentation that this injured worker had complex regional pain syndrome or postherpetic neuralgia. Additionally, there was no quantity or frequency of administration included with the request. Therefore, this request for retrospective request for gabapentin prescribed on 6/18/14 is not medically necessary.

Retrospective request for Baclofen prescribed on 6/18/14: Upheld

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

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

Decision rationale: The request for retrospective request for Baclofen prescribed on 6/18/14 is not medically necessary. The California MTUS Guidelines recommends that muscle relaxants be used with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain cases, they show no benefit beyond NSAIDs. Efficacy appears to diminish over time. Baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. Decisions are based on evidence based criteria. Muscle relaxants are supported for only short term use. Chronic use would not be supported by the guidelines. Per the submitted documentation, this injured worker has been using Baclofen for more than 5 months. Additionally, there was no quantity or frequency included in the request. Therefore, this request for retrospective request for Baclofen prescribed on 6/18/14 is not medically necessary.