MAXIMUS Federal Services

Case Number:	CM14-0168009		
Date Assigned:	10/31/2014	Date of Injury:	07/09/2002
Decision Date:	12/08/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/13/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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:

55 year old male injured worker with date of injury 7/9/02 with related low back, upper back, neck, and bilateral shoulder pain. Per progress report dated 8/5/14, he rated his pain 8/10 without medications, and 6/10 with the use of Gabapentin and Norco. He also reported numbness and tingling of the thumb, ring, and pinky finger of the left hand, tingling of the left elbow, pain in both legs, ankles, and feet, and right inguinal pain. Per physical exam, there was tenderness about the right groin, paracentral tenderness from C2 to C7-T1, parathoracic tenderness from T1-T12-L1, cervical, thoracic, lumbar, bilateral sacroiliac, trochanteric tenderness, limited lumbar range of motion, and limited cervical range of motion. Tinel's was positive at the left wrist causing tingling to the pinky, ring, and thumb as well as the left elbow for ulnar nerve entrapment. Treatment to date has included laminectomy for previous injury, epidural injections, physical therapy, and medication management. The date of UR decision was 9/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-18.

Decision rationale: With regard to antiepilepsy drugs, the MTUS CPMTG states "Fibromyalgia: Gabapentin and pregabalin have been found to be safe and efficacious to treat pain and other symptoms. (Arnold, 2007) (Crofford, 2005) Pregabalin is FDA approved for fibromyalgia."Per MTUS CPMTG, "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain."Per MTUS CPMTG p17, "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. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects."While the documentation does contain evidence of neuropathic pain and documentation of the efficacy of gabapentin, the request as written is for 3 refills, which would not allow for timely reassessment and documentation of continued benefit. The request is not medically necessary.It should be noted that the UR physician has certified a modification of the request with one refill.

Baclofen 10mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Baclofen: "It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries."As the documentation provided for review does not indicate that the injured worker has multiple sclerosis or spinal cord injury, which are the conditions for which Baclofen is recommended, the request is not medically necessary.