

Case Number:	CM14-0031655		
Date Assigned:	06/20/2014	Date of Injury:	03/01/2005
Decision Date:	08/12/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/12/2014

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 and Pain Medicine and is licensed to practice in Florida. 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 62-year-old female who reported an injury on 03/01/2005. The mechanism of injury was not provided. On 01/15/2014 the injured worker presented with pain radiating to the bilateral upper extremities. The diagnoses were adjustment disorder, depression, and neck pain. The medications included etodolac, baclofen, hydrocodone, atenolol, metformin, insulin, and gabapentin. The examination of the bilateral shoulders noted tenderness to palpation and decreased range of motion due to upper back and neck pain. There was also a positive impingement sign. The provider recommended baclofen, etodolac, and gabapentin. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Tablets of Baclofen 10 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BACLOFEN (LIORESAL) Page(s): 64.

Decision rationale: The request for 90 tablets of baclofen 10 mg is not medically necessary. The California MTUS states baclofen is recommended orally 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. Oral dosing for the medication is recommended at 5 mg 3 times a day. The injured worker had an ongoing prescription for baclofen since at least 03/2014. The efficacy of the medication was not provided. The provider does not indicate the frequency of the requested medication in the request as submitted. As such, the request is not medically necessary.

90 Capsules of Etodolac 200 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70.

Decision rationale: The request for 90 capsules of Etodolac 200 mg is not medically necessary. The California MTUS Guidelines state that all NSAIDs are associated with risk of cardiovascular events including MI, stroke, and onset or worsening of pre-existing hypertension. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with individual treatment goals. There is lack of evidence in the medical records provided of a complete and adequate pain assessment and the efficacy of the medication. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

90 Tablets of Gabapentin 800 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPSY DRUGS (AEDS) Page(s): 16-22.

Decision rationale: The request for 90 tablets of gabapentin 800 mg is not medically necessary. The California MTUS Guidelines state gabapentin is shown to be effective for diabetic painful neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. 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 AED depends on improved outcomes versus tolerability of adverse effects. The injured worker has been prescribed gabapentin since at least 03/2014, the efficacy of the medication was not documented. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.