

Case Number:	CM14-0038159		
Date Assigned:	06/27/2014	Date of Injury:	07/15/2010
Decision Date:	07/29/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/01/2014

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 Occupational 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:

The patient is a 47 year old female, DOI 7/15/10. Subsequent to the injury she has developed chronic cervical pain with a radicular component. The cervical pain is associated with frequent headaches. She also has chronic lumbar pain in addition to right knee and ankle discomfort. She has been treated with P.T., Acupuncture, epidural injections and cervical facet injections. The cervical facet injections were reported to be of significant benefit for several months. There is no corresponding change in medications reported during the reported improvement from the facet injections. Medications have been stable without evidence of misuse. It is clearly documented that she has GERD when utilizing the pain medications. Several muscle relaxants have been trialed without success, however the use of Baclofen reported to improve her pain/spams. Aspects of the pain are reported to be neuropathic. The UR denial appears to be based on that fact that there were no current records supporting medication use, however only a single visit narrative was reviewed as part of the UR review. Greater than 1 years worth of health care records were reviewed as part of this IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20 mg. #60: Overturned

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): 64.

Decision rationale: MTUS Chronic Pain Guidelines generally discourage chronic use of muscle spasms, however there are a few exceptions to this. In particular, Baclofen can have benefits for neuropathic pain distinct from use for muscle spasm. It is well documented that the Baclofen has been beneficial with the patients pain management and there is minimal reliance of Opioids. Under these circumstances the use of Baclofen is consistent with MTUS Guidelines. Therefore the request is medically necessary.

Intermezzo 3.5 mg. #30: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain insomnia treatment.

Decision rationale: The UR review does not give any rationale for the denial. ODG guidelines address this issue in more detail than MTUS chronic pain guidelines. In general, none pharmacological approaches are preferable, but this may be unrealistic in the chronic pain patient. Also, short term use is encouraged, but again this may not be realistic with the chronic pain patient. The dose of the Zolipidem is minimal and no side effects are reported. There appears to be adequate justification for continued use. Therefore the request is medically necessary.

Gabapentin 600 mg. # 90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AED's for chronic pain Page(s): 16, 17.

Decision rationale: Again, there is inadequate UR rationale (i.e because there was a lack of records to review) to support a denial of Neurontin. This is a standard medication for neuropathic/chronic pain management. Given the lack of reported side effects and the very limited reliance on Opioids, continued use of Neurontin is consistent with Guideline recommendations. Therefore is medically necessary.

Omeprazole 20mg. #60: Overturned

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 GI risk Page(s): 68.

Decision rationale: It is clearly documented in the records that the medications cause the patient to have GERD symptoms and that she gets relief from the proton pump inhibitor (PPI). MTUS Guidelines support use of PPI's if there are GI symptoms secondary to medications. The UR review does not provide specific rationale that supports a denial. Due to the documentation of GI symptoms it is reasonable and consistent with Guidelines. Therefore the request is medically necessary.