

Case Number:	CM14-0086672		
Date Assigned:	07/23/2014	Date of Injury:	07/02/1999
Decision Date:	10/14/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/09/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for complex regional pain syndrome and myofascial pain syndrome reportedly associated with an industrial injury of July 2, 1999. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; psychotropic medications; adjuvant medications; spinal cord stimulator implantation; and an intrathecal pump implantation. In a Utilization Review Report dated May 27, 2014, the claims administrator denied a request for baclofen, Tizanidine, Neurontin, and Seroquel. The applicant's attorney subsequently appealed. In a pain management follow-up note dated December 11, 2013, the applicant reported persistent complaints of bilateral upper extremity pain secondary to chronic regional pain syndrome. The applicant stated that her pain was sub optimally controlled despite medications and usage of the spinal cord stimulator. The applicant stated that she wanted to optimize her pain control. The applicant's medication list included Levorphanol, Zanaflex, Cymbalta, Tramadol, Benadryl, Gabapentin, Wellbutrin, Seroquel, Lidocaine, Voltaren, Colace, and Senna, it was stated. The intrathecal pain pump was refilled and reprogrammed. It was stated that the applicant could also consider Botox injections at a later point. The psychotropic medication management was not discussed. On May 13, 2014, the applicant reported persistent complaints of neuropathic pain, myofascial pain, and complex regional pain syndrome generating bilateral upper extremity pain. The applicant was described as having issues with irritability and somewhat labile mood. The applicant's medication list again included Levorphanol, Zanaflex, Cymbalta, Tramadol, Benadryl, Neurontin, Wellbutrin, Seroquel, Lidocaine, Voltaren, Colace, Senna, and Baclofen. The intrathecal pump was interrogated. Baclofen was endorsed. The attending provider stated that Seroquel was being used for mood stabilization purposes, it was stated. The attending provider posited that he intended to keep Seroquel on board for the time being.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 64, 7.

Decision rationale: While page 64 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that baclofen is FDA approved in the management of spasticity associated with multiple sclerosis and/or spinal cord injury and can be employed off-label for neuropathic pain, this recommendation is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, ongoing usage of Baclofen does not appear to have proven altogether effective. The applicant seemingly remains off of work. The applicant remains highly reliant on numerous other analgesic and adjuvant medications, including Levorphanol, an opioid agent, Neurontin, an adjuvant medication, an intrathecal pain pump, etc. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Baclofen. Therefore, the request is not medically necessary.

Seroquel 25mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Seroquel Medication Guide

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, continuing with an established course of antipsychotic is important. In this case, however, the applicant appears to be using Seroquel, an atypical antipsychotic, as a mood stabilizer/adjuvantive treatment for depression. As noted by the Food and Drug Administration (FDA), Seroquel's ancillary roles do include treatment of depressive episodes associated with bipolar disorder and/or as an adjunctive medication for mood stabilization purposes in applicants with bipolar disorder. In this case, the attending provider has seemingly suggested that ongoing usage of Seroquel has played some admittedly incomplete role in stabilizing the applicant's mood. Given the persistent depressive symptoms, however, continuing Seroquel is likely more appropriate than discontinuing the same, as suggested by ACOEM in Chapter 15, page 402. Therefore, the request is medically necessary.

