

Case Number:	CM13-0028224		
Date Assigned:	12/18/2013	Date of Injury:	05/13/1991
Decision Date:	02/11/2015	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/23/2013

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine (HPM) and is licensed to practice in Pennsylvania. 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 66-year-old gentleman with a date of injury of 5/13/1991. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 08/21/2013 indicated the worker was experiencing lower back pain, neck pain that went into both arms and was associated with headaches, and unpleasant sensations in the thighs and calves. The documented examination described mild to moderate distress, a painful walking pattern, tenderness in the upper and lower back with increased muscle rigidity and associated trigger points, decreased motion in the upper and lower back joints, decreased right shoulder joint motion, decreased reflexes at the ankles, decreased sensation following the paths of the C5 and L5 spinal nerves, and positive testing involving raising each straightened leg. The submitted and reviewed documentation concluded the worker was suffering from lumbar post-laminectomy syndrome, bilateral leg radiculopathy, bilateral knee internal derangements, cervical myoligamentous injury with right arm radiculopathy, right shoulder rotator cuff tear, and hypogonadism due to opioid use. Treatment recommendations included trigger point injections, continued medications, and follow up care. A Utilization Review decision was rendered on 09/06/2013 recommending non-certification for an indefinite supply of an unspecified dose of ibuprofen, Neurontin (gabapentin), baclofen, and Mirapex (pramipexole) 0.5mg taken at bedtime. A treating physician note dated 08/29/2013 was also reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: Ibuprofen is in the non-steroidal anti-inflammatory drugs (NSAID) class of medications. The MTUS Guidelines support the use of NSAIDs for use in managing osteoarthritis-related moderate to severe pain. The guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted and reviewed records indicated the worker was suffering from lumbar post-laminectomy syndrome, bilateral leg radiculopathy, bilateral knee internal derangements, cervical myoligamentous injury with right arm radiculopathy, right shoulder rotator cuff tear, and hypogonadism due to opioid use. There was no documentation detailing decreased pain intensity or increased function with this medication or assessing the worker's risk. Further, the request was made for an indefinite supply of medication at an unspecified dose, which does not account for potential changes in the worker's overall health or treatment needs. For these reasons, the current request for an indefinite supply of an unspecified dose of ibuprofen is not medically necessary.

Neurontin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-19.

Decision rationale: Neurontin (gabapentin) is a medication in the antiepilepsy drug class. The MTUS Guidelines recommend its use for the treatment of neuropathic pain for its efficacy and favorable side effect profile. Documentation should include the change in pain and function at each visit, especially during the dose adjustment phase. The submitted and reviewed documentation concluded the worker was suffering from lumbar post-laminectomy syndrome, bilateral leg radiculopathy, bilateral knee internal derangements, cervical myoligamentous injury with right arm radiculopathy, right shoulder rotator cuff tear, and hypogonadism due to opioid use. The recorded pain assessments were minimal. Further, the request was made for an indefinite supply and unspecified dose, which does not account for potential changes in the worker's overall health or treatment needs. For these reasons, the current request for an indefinite supply of an unspecified dose of Neurontin (gabapentin) is not medically necessary.

Baclofen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants; Weaning of Medications Page(s): 63-66; 124.

Decision rationale: Baclofen is in the antispastic muscle relaxant class of medications. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. The guidelines support the use of baclofen in the treatment of spasticity and muscle spasm related to multiple sclerosis or spinal cord injuries. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation indicated the worker was experiencing lower back pain, neck pain that went into both arms and was associated with headaches, and unpleasant sensations in the thighs and calves. There was no suggestion that the worker was having a new symptom flare, and the worker was already taking this medication at the time of the request for a month's supply. There was no discussion detailing special circumstances that sufficiently support the use of baclofen in this setting. Further, the request was made for an indefinite supply and unspecified dose, which does not account for potential changes in the worker's overall health or treatment needs. For these reasons, the current request for an indefinite supply of an unspecified dose of baclofen is not medically necessary.

Mirapex 0.5mg q hs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Online Edition, Restless legs syndrome (RLS)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Pramipexole: Drug information. Topic 9560, version 110.0. UpToDate, accessed 02/02/2015

Decision rationale: The MTUS Guidelines are silent on this issue. Mirapex (pramipexole) is a medication in the dopamine agonist class. It is FDA-approved for the treatment of Parkinson's disease and restless leg syndrome. There is literature to also support its use in the treatment of depression and fibromyalgia. The submitted and reviewed records indicated the worker was experiencing lower back pain, neck pain that went into both arms and was associated with headaches, and unpleasant sensations in the thighs and calves. The reviewed documentation concluded the worker was suffering from restless leg syndrome, among other issues, which improved with the use of pramipexole. However, indefinite supply requested does not account for potential changes in the worker's overall health or treatment needs. For this reason, the

current request for an indefinite supply of Mirapex (pramipexole) 0.5mg taken at bedtime is not medically necessary.