

Case Number:	CM15-0132568		
Date Assigned:	07/20/2015	Date of Injury:	01/10/2012
Decision Date:	08/25/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 54-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of January 10, 2012. In a Utilization Review report dated July 2, 2015, the claims administrator failed to approve requests for gabapentin, Skelaxin, Pamelor, and baclofen. The claims administrator referenced progress notes of April 24, 2015 and May 29, 2015 in its determination. The applicant's attorney subsequently appealed. On May 29, 2015, the applicant reported multifocal complaints of neck, shoulder, wrist, elbow, hand, and leg pain. The applicant was given diagnoses of chronic neck pain, chronic shoulder pain, chronic ulnar neuritis, low back pain, migraine headaches, depression, and syncopal episodes. The attending provider posited that the applicant developed depression "secondary to her disability and chronic pain," suggesting that the applicant was not, in fact, working. Neurontin, Pamelor, Skelaxin and baclofen were renewed, seemingly without any discussion of medication efficacy. In an earlier note dated April 24, 2015, the applicant again reported, neck, low back, left shoulder, left elbow, and left hand pain. The applicant stated that she was having difficulty sleeping. Once again, it was reported that the applicant had "depression secondary to her disability and chronic pain," strongly suggesting that the applicant was not, in fact working. Neurontin, Skelaxin, Pamelor, and baclofen were endorsed, seemingly without any discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg, #90: 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 Gabapentin (Neurontin, Gabarone TM, generic available) Page(s): 19.

Decision rationale: No, the request for gabapentin, an anticonvulsant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, the applicant was off of work, it was suggested on progress notes of April 24, 2015 and May 29, 2015. The attending provider suggested that the applicant had developed depression secondary to her disability and chronic pain complaints. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function effected as a result of ongoing gabapentin usage. The fact that the applicant remained off of work, however, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of gabapentin. Therefore, the request was not medically necessary.

Skelaxin 800mg, #60: Upheld

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 (for pain) Page(s): 63.

Decision rationale: Similarly, the request for Skelaxin, a muscle relaxant, was likewise not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend muscle relaxants such as Skelaxin with caution as second-line options for short-term treatment of acute exacerbations of chronic low back pain, here, however, the 60-tablet supply of Skelaxin at issue implies chronic, long-term, and/or twice-daily usage, i.e., usage incompatible with the short-term level for which muscle relaxants are espoused, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Nortriptyline 25mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain; Functional Restoration Approach to Chronic Pain Management Page(s): 13; 7.

Decision rationale: Similarly, the request for nortriptyline (Pamelor), an antidepressant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 13 of the MTUS Chronic Pain Medical Treatment Guidelines does

recommend tricyclic antidepressants as a first-line treatment for chronic pain, as was/is present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant remained off of work, despite ongoing nortriptyline usage, it was suggested on progress notes of April and May 2015, referenced above. Ongoing usage of nortriptyline failed to curtail the applicant's dependence on a variety of other analgesic and adjuvant medications such as baclofen, Skelaxin, and Neurontin. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing nortriptyline usage. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of nortriptyline. Therefore, the request was not medically necessary.

Baclofen 10mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Baclofen (Lioresal).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen (Lioresal, generic available); Functional Restoration Approach to Chronic Pain Management Page(s): 64; 7.

Decision rationale: Finally, the request for baclofen, an antispasmodic medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 64 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that baclofen is recommended orally for the treatment of spasticity and muscle spasm associated with multiple sclerosis and spinal cord injuries, but can be employed off label for neuropathic pain, as was seemingly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. The attending provider did not clearly state why he was furnishing the applicant with two separate muscle relaxants, baclofen and Skelaxin. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant was off of work, it was suggested on progress notes of May 29, 2015 and April 24, 2015. Work restrictions were renewed, unchanged, on these dates. It did not appear, in short, that ongoing usage of baclofen had generated functional improvement in terms of parameters established in MTUS 9792.20e. Therefore, the request was not medically necessary.

