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| Case Number: | CM15-0133954 | | |
| Date Assigned: | 07/22/2015 | Date of Injury: | 05/22/2014 |
| Decision Date: | 09/23/2015 | UR Denial Date: | 06/19/2015 |
| Priority: | Standard | Application Received: | 07/10/2015 |

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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 43 year old female, who sustained an industrial injury on May 22, 2014. She reported injury to her lower back resulting in sharp and stinging pain. The injured worker was diagnosed as having neck sprain, cervicgia, intervertebral disc disorder with myelopathy lumbar region, sciatica, abdominal pain, depression, headaches and face pain and insomnia due to pain in the lumbar spine. Treatment to date has included psychiatric evaluation and medications. On June 29, 2015, the injured worker complained of constant bilateral headaches rated at 6 on a 1-10 pain scale, constant bilateral neck pain rated at 6/10 and constant bilateral lower back pain rated at 7/10. She also reported difficulty falling asleep due to pain, anxiety and depression. The treatment plan included an internal medicine appointment for stomach pain, neurologist appointment, orthopedic appointment and follow-up visit. On June 19, 2015, Utilization Review non-certified the request for Baclofen 20 mg with no refills, Miralax syrup unspecified dose and frequency refills unlisted, Gabapentin 300 mg #90 refills unlisted, unlisted compound analgesic cream (Flurbiprofen 15%, Cyclobenzaprine 10%, Baclofen 2% and lidocaine 5%) 180 grams unspecified frequency refills unlisted and Norco 10/325 mg #60 refills unspecified, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20mg #60 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short-term periods during exacerbation of musculoskeletal pain that did not respond to standard NSAIDs and PT. The chronic use of muscle relaxants can be associated with the development of dependency, tolerance, sedation, addiction and adverse interaction with other sedative medications. The records indicate that the use of Baclofen had exceeded the guidelines recommended maximum duration of 4 to 6 weeks. The patient is utilizing Baclofen in both oral and topical formulations. The criteria for the use of Baclofen 20mg #60 with no refill was not met; therefore, the request is not medically necessary.

Miralax syrup, unspecified dose and frequency, refills: unlisted: 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 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that medications can be utilized for prophylaxis and treatment of opioid induced constipation when measures such as increase fluid and fiber intake have failed. The records did not show that these simple measures were utilized. The non-certification of Norco will result in the determination that the chronic use of Milarax syrup will not be medically necessary. The criteria for the use of Milarax syrup was not met. Therefore, the request is not medically necessary.

Gabapentin 300mg #90, refills: unlisted: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Anticonvulsants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that anticonvulsant medications can be utilized for the treatment neuropathic and chronic pain syndrome. The use of anticonvulsant can result in pain relief, functional restoration and reduction in analgesic

requirement. The records did show reports of efficacy and functional restoration with the utilization of gabapentin. There was no reported adverse effect. The criteria for the use of gabapentin 300mg # 90 was met and the request is medically necessary.

Unlisted compound analgesic cream (Flurbiprofen 15%, Cyclobenzaprine 10%, Baclofen 2% and lidocaine 5%) 180 grams, unspecified frequency, refills: unlisted: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical medications can be utilized for the treatment of localized neuropathic pain. The records did not show subjective or objective findings consistent with the diagnosis of localized neuropathic pain such as CRPS. The guidelines recommend that topical products be utilized and evaluated individually for efficacy. There is lack of guidelines support for the utilization of topical preparation of Cyclobenzaprine or Baclofen for the treatment of musculoskeletal pain. The criteria for the use of compound cream of Flurbiprofen 15%/Cyclobenzaprine 10%/Baclofen 2%/lidocaine 5% 180gm was not met; therefore, the request is not medically necessary.

Norch 10/325mg #60, refills: unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-78, 88, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioid medications can be utilized for the short-term treatment of exacerbation of musculoskeletal pain when standard NSAIDs, non opioid co-analgesics and PT have failed. The chronic use of opioids can be associated with the tolerance, dependency, addiction, sedation and adverse interaction with other medications. There is no documentation of guidelines required compliance monitoring with serial UDS, absence of aberrant behavior, CURESS data reports or functional restoration. The criteria for the use of Norco 10/325mg # 60 was not met. Therefore, the request is not medically necessary.