MAXIMUS Federal Services

Case Number:	CM15-0163606		
Date Assigned:	08/31/2015	Date of Injury:	08/31/1998
Decision Date:	09/30/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/20/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 51 year old female who sustained an industrial injury on August 31, 1998. A pain management follow up visit dated April 08, 2015 reported subjective complaint of neck, low back, upper extremity, bilateral wrists, abdominal, headache, insomnia, and jaw pains. She also has complaint of with frequent heartburn due to intake of medications. The following treating diagnoses were applied: cervical radiculopathy; status post cervical spine fusion; lumbar radiculopathy; fibromyalgia; headaches, unclassified, anxiety, depression, hypertension, insomnia, chronic pain, other, anxiety state, unspecified; history of elevated laboratory findings (ANA), urinary incontinence and jaw pain. She is currently not working and performs at home exercise program. The following medications are included in the regimen: Lidoderm, MS Contin, Neurontin, Norflex, Lexapro, Halcion, Provigil, and Xanax. She was prescribed the following: Norco 10mg 325 mg and Hydrocodone Tylenol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20mg #60: Overturned

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

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

Decision rationale: According to the guidelines, Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. In this case, the claimant has significant pain and a back injury with radicular symptoms and mild cord compression. The use of Balcofen is medically necessary.

Gabapentin 300mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

Decision rationale: According to the MTUS guidelines, Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does radiculopathy with significant symptoms of pain. However, there was mention of Gabapentin (Nuerontin) causing "physical illness" with visits to the ER. The claimant was most recently on Lyrica instead. The use of Gabapentin is not medically necessary.