

Case Number:	CM15-0024293		
Date Assigned:	02/13/2015	Date of Injury:	10/02/2001
Decision Date:	03/30/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/09/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 male, who sustained an industrial injury on 10/02/2001. The diagnoses have included status post spinal cord stimulator implant in 2012, opioid dependence, thoracic facet joint pain, failed back surgery syndrome, lumbar neuralgia, and sacroiliac joint pain. Noted treatments to date have included spinal cord stimulator and medications. Diagnostics to date have included left shoulder MRI on 12/09/2009 showed finding consistent with full thickness rotator cuff tears. In a progress note dated 01/08/2015, the injured worker presented with complaints of lumbar spine pain radiating into the left lower extremity and left shoulder pain. The treating physician reported the injured worker is stable and that the injured worker reported the spinal cord stimulator is working well and is slowly weaning from narcotic pain medications. Utilization Review determination on 01/20/2015 non-certified the request for Neurontin 300mg #270 and Baclofen 10mg #90 citing Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg # 270: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-21.

Decision rationale: Regarding request for Neurontin, Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS) and no documentation of specific objective functional improvement. In the absence of such documentation, the currently requested Neurontin is not medically necessary.

Baclofen 10mg # 90: Upheld

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

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

Decision rationale: Regarding the request for baclofen, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested baclofen is not medically necessary.