

Case Number:	CM14-0219220		
Date Assigned:	01/09/2015	Date of Injury:	02/28/2011
Decision Date:	03/09/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/31/2014

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, 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 53 year old male who sustained an industrial injury reported on 12/19/2012. He has reported constant sharp pain in the bilateral shoulders, right > left, constant sharp pain in his neck, and constant, aching pain in the low back. The diagnoses have included full thickness right supraspinatus tear; multi-level cervical disc protrusion with multiple lumbar bulges; thoracic or lumbosacral neuritis or radiculitis; and anxiety/stress/depression. Treatments to date have included consultations; diagnostic imaging studies; chiropractic treatments; physical therapy, massage and acupuncture treatments; epidural steroid injection therapy; and medication management with long-term (current) use of other medications and a failed Non-steroidal anti-inflammatory trial. The injured worker was noted to have been classified as temporarily totally disabled and off work. Per the doctors note dated 12/2/14 patient had complaints of low back pain at 7/10 with radiation. Physical examination revealed positive SLR, limited range of motion and tenderness on palpation, 2/4 reflexes and 5/5 strength. The patient has had MRI of the lumbar region on 11/15/2014 that revealed disc protrusion, spinal canal stenosis, and foraminal narrowing. The medication list include Gabapentin, baclofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF NEURONTIN 300MG #90 WITH 3 REFILLS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin (Gabapentin).

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

Decision rationale: Request: According to the CA MTUS Chronic pain guidelines regarding Neurontin/ gabapentin, 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. Spinal cord injury: Recommended as a trial for chronic neuropathic pain Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit This medication appears to be effective in reducing abnormal hypersensitivity (allodynia and hyperalgesia), to have anti-anxiety effects, and may be beneficial as a sleep aid. He has reported constant sharp pain in the bilateral shoulders, right left, constant sharp pain in his neck, and constant, aching pain in the low back. The diagnoses have included full thickness right supraspinatus tear; multi-level cervical disc protrusion with multiple lumbar bulges; thoracic or lumbosacral neuritis or radiculitis; and anxiety/stress/depression. Per the doctors note dated 12/2/14 patient had complaints of low back pain at 7/10 with radiation in LE Physical examination revealed positive SLR, limited range of motion and tenderness on palpation, 2/4 reflexes and 5/5 strength. The patient has had MRI of the lumbar region on 11/15/2014 that revealed disc protrusion, spinal canal stenosis, and foraminal narrowing. The patient has chronic pain with a neuropathic component. The patient has abnormal objective findings that are consistent with the patient symptoms. Anticonvulsants or antiepileptics like gabapentin / Neurontin are medically appropriate and necessary in this patient. The cited guidelines support the use of Neurontin 300mg #90 With 3 Refills in patients with this clinical situation therefore the request is deemed medically necessary.

1 PRESCRIPTION OF BACLOFEN 10MG #120 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen, Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen, Muscle Relaxants (for pain) Page(s): 63-64.

Decision rationale: Baclofen is a muscle relaxer used to treat muscle symptoms caused by multiple sclerosis, including spasm, pain, and stiffness. According to California MTUS, Chronic pain medical treatment guidelines, Baclofen It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Any evidence of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries was not specified in the records provided. California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, muscle relaxants may be effective in reducing pain and

muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. Patient had a chronic injury and any evidence of acute exacerbations in pain and muscle spasm was not specified in the records provided. The date of injury for this patient is 12/19/2012. As the patient does not have any acute pain at this time, the use of muscle relaxants is not supported by the CA MTUS chronic pain guidelines. Furthermore, as per guidelines skeletal muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. Therefore, the medical necessity of Baclofen 10MG #120 With 1 Refill is not established for this patient.