

Case Number:	CM15-0014607		
Date Assigned:	02/02/2015	Date of Injury:	12/23/1994
Decision Date:	03/30/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/26/2015

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, Ohio, 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 [REDACTED] who has filed a claim for chronic neck pain reportedly associated with an industrial injury of December 23, 1994. In a Utilization Review Report dated January 16, 2015, the claims administrator failed to approve requests for baclofen, Klonopin, Lunesta, Neurontin, Phenergan, Suboxone, Topamax, and cervical MRI imaging. The claims administrator referenced an RFA form received on January 5, 2015 in its determination. A progress note of December 11, 2014 was also referenced. The claims administrator's UR Report was over 20 pages long and very difficult to follow. The applicant's attorney subsequently appealed. In an applicant questionnaire dated January 8, 2015, the applicant reported 7/10 pain complaints. The applicant denied having gone to the Emergency Department to obtain medications. On December 11, 2014, the applicant received drug testing and computerized muscle testing. Little to no narrative commentary was attached to the same. No clinical progress notes were seemingly incorporated into the Independent Medical Review packet, with the exception of handwritten notes of August and September 2014 in which the applicant apparently received some sort of occlusal guard. The applicant had a history of having received previous dental implants on September 27, 2013, it was suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20; 9792.26 MTUS (Effective July 18, 2009)Functional Restoration Approach to Chr.

Decision rationale: 1. No, the request for baclofen, an antispasmodic medication, was 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 associated with multiple sclerosis but can be employed off-label for neuropathic pain, 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 medication efficacy into his choice of recommendations. Here, however, the progress notes on file did not incorporate any discussion of medication efficacy. Little to no information was provided, as noted in the applicant's January 2015 questionnaire. A December 11, 2014 progress note seemingly comprised, in large part, of computerized range of motion. Medication selection and medication efficacy were not discussed or detailed. Therefore, the request was not medically necessary.

Klonopin 0.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: 2. Similarly, the request for Klonopin, an anxiolytic medication, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytic medications such as Klonopin may be appropriate for brief periods, in cases of overwhelming symptoms, in this case, however, the December 11, 2014 progress note was difficult to follow, sparse, and seemingly comprised, in large part, of computerized range of motion and strength testing. Medication selection and medication efficacy were not detailed. Therefore, the request was not medically necessary.

Lunesta 2mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Med Lett Drugs Ther, Eszopiclone

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness & Stress

Decision rationale: 3. Similarly, the request for Lunesta, a sleep aid, was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODG's Mental Illness and Stress Chapter Eszopiclone topic does note that eszopiclone or Lunesta is not recommended for chronic or long-term use purposes but, rather, should be reserved for short-term use purposes. Here, the documentation on file was thinly and sparsely developed. The attending provider's December 11, 2014 progress note did not include any discussion of medication selection or medication efficacy and did not clearly state that the applicant was using Lunesta for short-term use purposes as opposed to long-term use purposes. Therefore, the request was not medically necessary.

Neurontin 300mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20; 9792.26 MTUS (Effective July 18, 2009) Gabapentin (Neurontin, Gabarone™, g.

Decision rationale: 4. The request for Neurontin (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 using gabapentin (Neurontin) 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, the December 11, 2014 progress note was thinly and sparsely developed. The December 11, 2014 progress note comprised, in a large part, of details on computerized range of motion and strength testing. It was not clearly stated how (or if) ongoing usage of Neurontin (gabapentin) had or had not proven efficacious here. Therefore, the request was not medically necessary.

Promethazine 25mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

Decision rationale: 5. Similarly, the request for promethazine (Phenergan), an antiemetic, was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, page 47, it is incumbent upon a prescribing provider to discuss the efficacy of medication for the particular condition for which it is being employed. Here, however, the attending provider's progress note of December 11, 2014 was difficult to follow and did not include any clear rationale which would support introduction, selection, and/or ongoing usage of Phenergan. There was no mention of the applicant's experiencing issues

with nausea and/or vomiting, for instance, which would support short-term usage of promethazine (Phenergan). Therefore, the request was not medically necessary.

Suboxone 8mg - 2mg sublingual film: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R.9792.20; 9792.26 MTUS (Effective July 18, 2009), Buprenorphine Page(s): 26.

Decision rationale: 6. Similarly, the request for Suboxone (buprenorphine) was not medically necessary, medically appropriate, or indicated here. While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that buprenorphine (Suboxone) is indicated in the treatment of opioid addiction and can be employed for chronic pain purposes in applicants who are previously detoxified off of opioids. In this case, however, the December 11, 2014 progress note was thinly and sparsely developed. It was not clearly stated for what purpose Suboxone was being employed. The information on file comprised largely of documentation of computerized range of motion and strength testing. Medication selection and medication efficacy were not discussed or detailed. Therefore, the request was not medically necessary.

Topamax 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R.9792.20; 9792.26 MTUS (Effective July 18, 2009), Topiramate (Topamax, no generic ava.

Decision rationale: 7. Similarly, the request for Topamax (topiramate) was likewise not medically necessary, medically appropriate, or indicated here. While page 21 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topiramate (Topamax) can be employed for the treatment of neuropathic pain in applicants in whom other anticonvulsants have been tried and/or failed, in this case, however, the information on file did not discuss medication selection or medication efficacy. It was not clearly stated why the applicant was employing topiramate (Topamax) in conjunction with Neurontin (gabapentin), a first-line anticonvulsant adjuvant medication. Therefore, the request was not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: 8. Finally, the request for cervical MRI imaging was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182, does acknowledge that MRI imaging of the cervical spine is recommended to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, the December 11, 2014 progress note on file was thinly and sparsely developed, comprised largely of computerized range of motion and strength testing, and contained no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention based on the outcome of the study in question. Therefore, the request was not medically necessary.