

Case Number:	CM15-0017623		
Date Assigned:	02/05/2015	Date of Injury:	11/19/2013
Decision Date:	03/25/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/29/2015

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 52 year old female, who sustained an industrial injury on November 19, 2013. She has reported was involved in a motor vehicle accident. The diagnoses have included chronic pain due to trauma, sacroiliitis, lumbago, lumbosacral spondylosis without myelopathy, degeneration of lumbar or lumbosacral intervertebral disc, cervicgia, spinal stenosis in cervical region, cervical spondylosis without myelopathy and spinal stenosis of lumbar region. Treatment to date has included pain medications, Non-steroidal anti-inflammatory drug, X-rays, Magnetic resonance imaging of lumbar spine, and Magnetic resonance imaging of cervical spine, sacroiliac joint injection on September 12, 2014 with 100 percent improvement. Currently, the injured worker complains of low back pain and stiffness and neck pain and stiffness. In a progress note dated January 9, 2015, the treating provider reports of the spine moderate kyphoscoliotic curvature, moderated tenderness over lower lumbar facets bilaterally more on the left than the right, tender over mid and upper cervical facets on the right side minimal on the left, positive facet loading test on left side in the lumbar region and piriformis tenderness present bilaterally in upper extremities. On January 19, 2015 Utilization Review non-certified a Neurontin 300mg quantity 120 with 3 refills, Neurontin 300mg quantity 120 with 3 refills, baclofen 10mg quantity 90 with 3 refills and bilateral hip X-rays AP and lateral, noting, Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

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

Decision rationale: 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 spinal disease with periodic high degree of neuropathic pain (8/10). The claimant had been on Baclofen. The claimant did have a back injury but no cord injury. Continued and long-term use of Baclofen is not medically necessary.

Neurontin 300mg #120 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin 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 not have the stated conditions approved for Gabapentin use. Furthermore, the treatment duration was longer than recommended. The claimant had been on NSAIDs and Baclofen. The pain response to Neurontin was not described. Neurontin is not medically necessary.

Bilateral hip x-rays, AP and lateral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis, X-ray

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X-ray and hip pain

Decision rationale: According to the guidelines, x-ray are recommended in those who sustain a severe injury. In this case, the injury was a year ago. Tenderness was noted in the Piriformis

muscle during an exam on 1/9/15. There was no indication of bone pain or arthritic symptoms. The request for hip x-rays is not medically necessary.