

Case Number:	CM15-0175123		
Date Assigned:	09/17/2015	Date of Injury:	03/01/2005
Decision Date:	10/20/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/04/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 63 year old female who sustained an industrial injury on 03-01-2005. Diagnoses include cervical degenerative disc disease and depression. Physician progress notes dated 03-30-2015 to 07-27-2015 document the injured worker complained of neck pain radiating down her upper extremities, left greater than right. She rates her pain as 6 out of 10, and at its least it is 5 out of 10 and at its worst it is 8 out of 10. She complains of ongoing depression. Activity increases her pain and no medications or activities alleviated her pain. She has tenderness on the trapezius muscles bilaterally left more than right and there are spasms bilaterally. Cervical range of motion is decreased and there is diminished sensation in the C6 dermatomal distribution on the left. She still continues to experience numbness and weakness in her upper extremities and is constantly losing grip strength. On 05-07-2015 the injured worker had the same complaints, and difficulty with sleeping due to pain waking her up from sleep. As of this date her medications include gabapentin, etodolac, baclofen, insulin, hydrocodone, hydrochlorothiazide, Metformin, Lisinopril, Atenolol, Vytarin, and levobunolol eye drops. A urine drug screen was done on 07-27-2015. Treatment to date has included diagnostic studies, medications, status post neck surgery in 2007 with metal rods placement, chiropractic therapy, physical therapy, and massage. The treatment plan included a psychologist consultation. On 08-07-2015, the Utilization Review modified the requested treatment baclofen 10 mg #90 with 1 refill to Baclofen 10mg, #45 with 0 refills. Etodolac 200 mg #90 with 1 refill is not certified. Gabapentin 800 mg #90 with 2 refills modified the request to gabapentin #45 with 0 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Per the CA MTUS, muscle relaxants for pain, such as baclofen, are recommended with caution only as a second-line option for short-term treatment of acute exacerbations in injured workers with chronic low back pain (LBP). Most cases of LBP showed no benefit of muscle relaxants beyond the typical non-steroidal anti-inflammatory drugs available. Furthermore, it is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Based on the available medical records for the injured worker, she does not have chronic low back pain, multiple sclerosis, or a spinal cord injury. In addition, although she had documented muscle spasm, her pain scores were minimally decreased with medications, and she did not show increased objective functional improvement. Therefore, based on the MTUS guidelines, the request for baclofen 10 mg #90 with 1 refill is not medically necessary or appropriate.

Etodolac 200mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Per the MTUS guideline, NSAIDs (non-steroidal anti-inflammatory drugs) are recommended at the lowest dose for the shortest period in injured workers with moderate to severe pain. Per ODG, NSAIDs for acute low back pain & acute exacerbations of chronic pain is recommended as a second-line treatment after acetaminophen. Concerning chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Most importantly, there is inconsistent evidence for NSAID use in long-term neuropathic pain; however, NSAIDs may be useful to treat breakthrough pain and mixed pain conditions, such as osteoarthritis, in injured workers with neuropathic pain. Based on the treating physician notes available, there was no indication that etodolac provided specific analgesic benefits in pain reduction and objective functional improvement. In addition, there is no evidence to recommend one drug in this class over another based on efficacy. Therefore, the request for etodolac 200 mg #90 with 1 refill is not medically necessary and appropriate.

Gabapentin 800mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: According to the cited MTUS, anti-epilepsy drugs (AEDs), such as gabapentin, are recommended for neuropathic pain treatment. In general, a good response with use of an AED is a 50% reduction in pain, while a moderate response, would reduce pain by about 30%. If neither of the triggers is reached, then generally a switch is made to a different first-line agent, or a combination therapy is used. In the case of this injured worker, she has had no significant documented reduction in pain on the visual analog scale or improvement in function specific to the use of gabapentin. Documentation of neuropathic symptoms and improvement in pain and function are critical for continued use of gabapentin in the case of this injured worker. Therefore, gabapentin 800 mg #90 with 2 refills, is not medically necessary and appropriate based on current documentation and guidelines.