

Case Number:	CM15-0024514		
Date Assigned:	02/17/2015	Date of Injury:	11/30/2002
Decision Date:	04/03/2015	UR Denial Date:	01/27/2015
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: Massachusetts

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 51 year old female, who sustained an industrial injury on 11/30/02. She has reported pain in the neck and back. The diagnoses have included anxiety, depression and thoracic outlet syndrome. Treatment to date has included cervical spine surgery, acupuncture and oral medications. As of the PR2 dated 12/24/14 the injured worker reports swelling in the lower extremities and 30-40% reduction in pain with current medications. The treating physician requested to continue Baclofen 10mg #120, Zanaflex 4mg #120 x 1 refill, Lunesta 3mg #30 x 1 refill, Lidoderm patch 5% x 1 refill and Phenergan 25mg #90 x 1 refill. On 1/27/15 Utilization Review non-certified a request for Baclofen 10mg #120, Zanaflex 4mg #120 x 1 refill, Lunesta 3mg #30 x 1 refill, Lidoderm patch 5% x 1 refill and Phenergan 25mg #90 x 1 refill. The utilization review physician cited the ODG guidelines and medical necessity. On 2/3/15, the injured worker submitted an application for IMR for review of Baclofen 10mg #120, Zanaflex 4mg #120 x 1 refill, Lunesta 3mg #30 x 1 refill, Lidoderm patch 5% x 1 refill and Phenergan 25mg #90 x 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Baclofen 10mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), p63-64 Page(s): 63-64.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for chronic neck and low back pain. Oral baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries and is used off-label in the treatment of trigeminal neuralgia. A non-sedating muscle relaxant is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no identified new injury or acute exacerbation and baclofen has been prescribed on a long-term basis. Zanaflex is also being prescribed which would be duplicative. It is therefore not medically necessary.

One (1) prescription of Zanaflex 4mg #120 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), p63-66 Page(s): 63-66.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for chronic neck and low back pain. Zanaflex is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and muscle relaxants have been prescribed on a long-term basis. Baclofen is also being prescribed which is duplicative. It is therefore not medically necessary.

One (1) prescription of Lunesta 3mg #30 with 1 refill: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for chronic neck and low back pain. Medications include Lunesta (eszopiclone). The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. There is no assessment of factors such as sleep onset,

maintenance, quality, or next-day functioning. Whether the claimant has primary or secondary insomnia has not been determined. Therefore, based on the information provided, the continued prescribing of Lunesta is not medically necessary.

One (1) prescription of Lidoderm 5% patch with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch) p56-57 (2) Topical Analgesics, p111-113 Page(s): 56-57, 111-113.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for chronic neck and low back pain. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. Therefore, Lidoderm was not medically necessary.

One (1) prescription of Phenergan 25mg #90 with 1 refill: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Antiemetics and Other Medical Treatment Guidelines Phenergan prescribing information.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for chronic neck and low back pain. Indications for prescribing Phenergan include vomiting from various causes, including postoperative vomiting, irradiation sickness, drug induced nausea and motion sickness. The claimant has not had recent surgery and is not being treated with opioid medications. There is no history of medication induced nausea. Therefore, the use of this medication was not medically necessary.