

Case Number:	CM13-0033877		
Date Assigned:	12/06/2013	Date of Injury:	09/14/2009
Decision Date:	02/20/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management has a subspecialty in Disability Evaluation and is licensed to practice in California, Florida, Maryland and Washington, District of Columbia. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 49-year-old male who worked with [REDACTED] as a route sales representative. The patient states that he first developed neck pain after a fall accident while performing his usual and customary job duties. While pulling a handcart after loading merchandise from his truck, in which the patient states there was non-slip grip on the floor; his feet went out from underneath him causing him to slip and fall backwards in the truck on September 14, 2009. Later that evening the patient states that he went to an industrial clinic where he was eventually referred to orthopedic and spine doctors for his knee and spine conditions. He had MRIs and x-rays. His first surgery was on his left knee in December 2009 and he stated that this was helpful. Subsequently, in July 2010, he had right carpal tunnel surgery because of right upper extremity weakness and numbness. He denied that this had any improvement and subsequently in November 2010, he had C-Spine surgery at C4-5, a discectomy and fusion, and although this helped temporarily, his symptoms reoccurred. Currently, he is experiencing ongoing right upper extremity and right lower extremity numbness, pain, back and neck problems, and has as a result, limited his physical activity. Current medications include regular doses of narcotics and anti-inflammatory medications. He states that because his symptoms are ongoing, he has had additional MRI scans and there is some discussion that he may require further surgery because of the C1 and C2 fracture injuries which were not previously appreciated. The claimant has been under the care of treating physician for cervical post-laminectomy syndrome, brachial neuritis, and cervical spondylosis. The most recent evaluation dated 10/01/13 is provided for review. The claimant presented with reports that he recently found out he is not a surgical candidate. He is requesting a replacement of his soft neck foam brace as his is almost 2 years old and falling apart. Interventiona

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen for neck pain: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 64 of 127.

Decision rationale: According to Chronic Pain Medical Treatment Guidelines 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 (trigeminal neuralgia, non-FDA approved). Side effects of Baclofen include sedation, dizziness, weakness, hypotension, nausea, respiratory depression and constipation. This drug should not be discontinued abruptly (withdrawal includes the risk of hallucinations and seizures). The documentation provided for review did not identify presence of spasticity or any significant functional/vocational benefit with the use of muscle relaxants. Therefore the request for Baclofen for neck pain is not medically necessary based on the above guidelines recommendation

Lidoderm patch for neck pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112 of 127.

Decision rationale: According to California Medical Treatment Utilization Schedule (MTUS) Lidoderm patch active ingredient is Lidocaine. Lidocaine indication are neuropathic pain recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for

treatment of chronic muscle pain. The results showed there was no superiority over placebo. Therefore the request for lidoderm patch #1 three refills is not medically necessary, since it is only recommended for localized peripheral pain, and the level of penetration into the deep spinal nerve roots are questionable. Topical agents are primarily recommended for the treatment of neuropathic pain when trials of antidepressants or anticonvulsants have failed and the documentation provided for review did not describe well-demarcated neuropathic pain that has failed with the readily available oral agents such as antidepressant, antiepileptic, or nonsteroidal anti-inflammatory class to support medical necessity. Therefore the request for Lidoderm Patch for neck pain is not medically necessary.