

Case Number:	CM13-0040853		
Date Assigned:	12/20/2013	Date of Injury:	05/18/2011
Decision Date:	02/26/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/29/2013

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. 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 53 years-old and right-handed with a date of injury of 5/18/11. Medical treatment that has taken place has consisted of acupuncture, physical therapy and self-procured massage, directed at the right shoulder. Despite the fact that she should find all these modalities helpful, the shoulder is not improved. She has not noticed any improvement in the shoulder condition for being off work. A wrist brace for carpal tunnel has been approved by [REDACTED] but she has not yet procured the brace. She has recently returned to work four hours a day. The work schedule is limited because of her husband's condition. Overall, her condition has not changed except for some right lateral ankle pain that she developed while in [REDACTED] when she had to repeatedly climb the stairs to visit her husband in the hospital. Now that she is back home and does not have to negotiate stairs, the pain seems to be subsiding. Medical records provided for review: - 01/14/13 [REDACTED]; Neurology; AME; [REDACTED]; medications, gym membership, brace for the wrist, injection, and possibly a carpal tunnel release. The shoulder may need additional physical therapy, injections, possible right shoulder surgery. She has replacement orthotics for plantar fasciitis. -02/18/13 [REDACTED]; PR2; SUBJECTIVE: pain in shoulder and wrist. She is wearing a brace. OBJECTIVE: pain with range of motion of right shoulder, good strength in both lower extremities, and a normal gait. DIAGNOSIS: Chronic low back pain. Left plantar fasciitis. Internal derangement right shoulder. PLAN: Continue Utracet, Norco 10/325 mg 1 qd (MED=10), Motrin 800 mg. Gym membership x 6 months. Wrist brace-03121/13 [REDACTED]; Appeal letter; Right wrist brace; On 01/14/13 the AME report by [REDACTED] suggested a right wrist brace. She has persistent right wrist pain. [REDACTED] lists carpal tunnel syndrome as a diagnosis. 5/14/13 [REDACTED]; PR2: Subjective: Follow up of persistent low back, right shoulder, right wrist, and hand pain. She also has ongoing right knee and bilateral foot pain, and plantar fasciitis. She continues to work full time; however she recently had to take

some time off to take care of her husband who had medical emergency. She uses the wrist splint at night, and it prevents a lot of the numbness and tingling, the numbness that leads to significant pain in the right wrist and hand. She is having a lot of spasms in the back especially at night as well and it radiates up to the shoulder. She walks for exercise. She is working full time, but currently all her spare time is in caring for her husband. For gym membership, she is only given a couple of months. This needs to be renewed. She is going to the gym after work 2 to 3 times a week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg QTY 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity Drugs Page(s): 6.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasmodics; Official Disability Guidelines (ODG) -TWC-Pain (Chronic) (Updated 11/14/2013)-A.

Decision rationale: With respect to Baclofen, it is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries, according to the guidelines, none of which this patient has. ODG recommends non-sedating muscle relaxants with caution as a second-line option for short-term (less than two weeks) treatment of acute Lower Back Pain (LBP) and for short-term treatment of acute exacerbations in patients with chronic LBP. ODG stated that this drug should not be discontinued abruptly (withdrawal includes the risk of hallucinations and seizures). Use with caution in patients with renal and liver impairment. Therefore the request for Baclofen 10mg #180 is not medically necessary based on the above guidelines recommendation.

Ultracet 37.5/325mg QTY 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 84.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC, Pain (Chronic) (Updated 11/14/2013), Tramadol and Ultracet (Tramadol+ Acetaminophen). Other Medical Treatment Guideline or Medical Evidence: Dailymed.

Decision rationale: With respect to Ultracet, it is recommended for no more than 5 days for acute pain. Therefore, its chronic usage for this claimant, with date of injury 6/18/2011, is not substantiated. Ultracet should not be abruptly discontinued. This medication like other opioids should not be abruptly discontinued because of withdrawal potential. Therefore the request for Ultracet 37.5/325mg QTY 240 is not medically necessary.

Motrin 800mg QTY 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs; Official Disability Guidelines (ODG)-TWC-Pain (Chronic) (Updated 11/14/2013) NSAIDs (Ibu.

Decision rationale: With respect to Motrin, it is recommended as an option as a traditional first line treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. For acute exacerbations of chronic pain NSAIDS are recommended as a second-line treatment after acetaminophen. There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in patients with neuropathic pain. Besides, the side effects profile is very high. Therefore the request for Motrin 800mg QTY 180 is not medically necessary.