

Case Number:	CM13-0063128		
Date Assigned:	12/30/2013	Date of Injury:	02/19/1999
Decision Date:	05/06/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/09/2013

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. The expert reviewer is Board Certified in Occupational Medicine, 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 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/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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, bilateral ankle, knee, neck, and wrist pain associated with an industrial injury sustained on February 19, 1999. Thus far, the applicant has been treated with analgesic medications, adjuvant medications, antidepressant medications, transfer of care to and from various provider in various specialties, the imposition of permanent work restrictions through an agreed medical evaluation, and prior left knee total knee arthroplasty. The applicant is not working; this was acknowledged on the November 13, 2013 and October 16, 2013 progress notes. The November 13, 2013 progress note is notable for comments that the applicant reports 7/10 low back and knee pain. She states that her activity level has increased, but her quality of life remains unchanged. The applicant states that she is trying to exercise and lose weight. She states that her sleep quality is poor. The applicant exhibits upper and lower extremity strength ranging from 4-5/5. A slowed gait is appreciated. The applicant is obese with a BMI of 34. Multiple oral and topical agents are renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 BACLOFEN 10MG: Upheld

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

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

Decision rationale: As noted in the MTUS 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. In this case, the applicant does not carry either a diagnosis of multiple sclerosis or a spinal cord injury for which ongoing usage of baclofen would be indicated. The fact that the applicant is able to ambulate about and walk without any gait assistive device implies that she does not have spinal cord injury as an operating diagnosis. Similarly, there is no evidence that the applicant has multiple sclerosis or spasticity associated with the same. Therefore, the request for baclofen is not certified.

LIDODERM 5% PATCHES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

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

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, Lidoderm is indicated in the treatment of localized peripheral pain or neuropathic pain in individuals in whom there has been a trial of first line therapy such as antidepressants and/or anticonvulsants. In this case, the applicant is using antidepressants and anticonvulsants, including Desyrel, Lyrica, and Effexor, with reportedly good effect. This effectively eliminates the need for Lidoderm patches. Therefore, the request remains not certified.