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| Case Number: | CM14-0011069 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 06/04/2009 |
| Decision Date: | 08/18/2014 | UR Denial Date: | 01/21/2014 |
| Priority: | Standard | Application Received: | 01/27/2014 |

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 54-year-old gentleman was reportedly injured on June 4, 2009. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated February 18, 2014, indicates there are ongoing complaints of right arm pain and hand pain. Right upper extremity pain is stated to be improved with medications. Current medications include tramadol, ibuprofen, and baclofen. The physical examination demonstrated guarding of the right upper extremity any glove worn on the right hand. Continued therapy for the right hand was recommended. Previous treatment includes an amputation revision of the right ring finger and postoperative occupational therapy. A request was made for capsaicin injections and baclofen and was not certified in the pre-authorization process on January 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL FOR CAPSAICIN INJECTIONS TO THE RIGHT UPPER LIMB: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 OF 127.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, the use of capsaicin is only indicated for topical usage. Furthermore this request for capsacin injection does not state where on the upper limb and into what structure the injection is for. For these reasons, this request for a capsaicin injection into the right upper limb is not medically necessary.

BACLOFEN 20 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66 of 127.

Decision rationale: Baclofen is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons, this request for baclofen is not medically necessary.