

Case Number:	CM14-0011351		
Date Assigned:	02/21/2014	Date of Injury:	10/29/2008
Decision Date:	06/25/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/28/2014

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 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 neck and shoulder pain reportedly associated with an industrial injury of October 29, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; topical compounds; and unspecified amounts of acupuncture. In a Utilization Review Report dated January 9, 2014, the claims administrator retrospectively denied request for topical Lidoderm, topical Voltaren gel, and oral Baclofen. The applicant's attorney subsequently appealed. On October 29, 2013, the applicant was reportedly frustrated and upset about her poor progress to date. The applicant stated that delays in authorization and attendant psychological stress were making her condition worse. The applicant was on Lidoderm, Voltaren, Baclofen, Klonopin, Cymbalta, Motrin, Levoxyl, QVAR, Xopenex, Albuterol, Abilify, Atarax, and Vicodin as of that point in time. The applicant was reportedly tearful. A wrist brace, additional acupuncture, physical therapy, and a moist heating pad were sought. It was stated that the applicant should continue Baclofen for severe cervical spasm and continue both Lidoderm and Voltaren gel. The applicant was asked to consider a shoulder corticosteroid injection. The applicant's work status was not detailed; however, it did not appear that the applicant was working. The applicant's stated diagnoses were mood disorder, sprain of shoulder and arm, cervical brachial syndrome, and cervicgia. In a medical-legal evaluation of September 23, 2010, it was suggested that the applicant had issues associated with fibromyalgia, seasonal depression, possible bipolar disorder, and ADHD. The applicant's Global Assessment of Functioning (GAF) was 48. The applicant was described as totally temporarily disabled as of that point in time. A June 4, 2013 progress note was notable for comments that portions of the applicant's claim were being administratively contested by the claims administrator, including some of the applicant's mental health allegations.

IMR ISSUES, DECISIONS AND RATIONALES

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

BACLOFEN 10MG #30/30 DAY DISPENSED 11/21/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANT-BA.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, page 64, Antispasticity Drugs Section and MTUS.

Decision rationale: While page 64 of the MTUS Chronic Pain Medical Treatment Guidelines does note that Baclofen is recommended orally for the treatment spasticity and multiple spasm related to multiple sclerosis and spinal cord injuries In this case, however, there is no evidence that the applicant carries either diagnosis of multiple sclerosis and/or spinal cord injury for which ongoing usage of Baclofen would be indicated. It is further noted that the applicant has seemingly failed to effect any lasting benefit or functional improvement despite long-term usage of Baclofen. The applicant remains off of work; it appears, despite ongoing Baclofen usage. The applicant remains highly reliant on numerous other analgesic and adjuvant medications including Voltaren, Cymbalta, Motrin, Abilify, Atarax, Vicodin, etc. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Baclofen, and further imply that long-term usage of Baclofen has not been effectual here. Therefore, the request is not medically necessary.

LIDOCAINE 5% #30/30 DAY DISPENSED 11/21/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, page 112, Lidocaine section. .

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Lidoderm is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. In this case, the applicant is using an antidepressant adjuvant medication, namely Cymbalta. There is no specific mention that Cymbalta had been failed. The applicant's ongoing usage of Cymbalta effectively obviates the need for the Lidocaine patches in question. Therefore, the request is not medically necessary.

VOLTAREN GEL 1% #300/30 DAY DISPENSED 11/21/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL NON STEROI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, Page 112, Topical Voltaren section. .

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Voltaren gel is indicated in the treatment of small joint arthritis which lends itself toward topical treatment, such as the knees, ankles, feet, elbows, wrists, fingers, etc. In this case, however, arthritis has not been specifically discussed or raised as one of the operating diagnoses here. The diagnoses stated have included cervical brachial syndrome, chronic neck pain, sprain of shoulder and arm, and major depressive disorder. Thus, the applicant does not seemingly carry a diagnosis of small joint arthritis for which Voltaren gel was indicated. Therefore, the request is not medically necessary.