MAXIMUS Federal Services

Case Number:	CM14-0122039		
Date Assigned:	08/06/2014	Date of Injury:	01/16/2009
Decision Date:	10/02/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/03/2014

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 51-year-old male was reportedly injured on 1/16/2009. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated 7/21/2014, indicates that there are ongoing complaints of neck pain with radiation to the shoulders. Physical examination demonstrated the injured worker was healthy-appearing, well-nourished, well-developed, in mild distress, anxious and depressed; with antalgic gait; and with tenderness over paraspinal muscles overlying the facet joints on both sides and trigger points over upper trapezius muscles on both sides. No recent diagnostic imaging studies were available for review. The diagnoses were listed as chronic pain syndrome, anxiety and depression, shoulder joint disorder/pain. Previous treatment consisted of acupuncture and medications, including Cymbalta, Clonazepam, Ambien, Lunesta, Cyclobenzaprine, Baclofen, Brintellix, Etodolac, Flector patch, and Lidoderm patch. A request had been made for Flector 1.3% transdermal 12 hour patch #30, Lidoderm 5% #30, and Baclofen 10mg #60, which were not certified in the utilization review on 7/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% transdermal 12 hour patch, #30,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112 of 127.

Decision rationale: MTUS guidelines support the topical Diclofenac for the relief of osteoarthritic pain of the ankle, elbow, foot, hand, knee and wrist. It has not been evaluated for treatment of the spine, hip or shoulder. The claimant suffers from the neck and shoulder pain. There is no clinical indication for this medication, therefore the request is not considered medically necessary.

Lidoderm 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: MTUS guidelines support the use of topical lidocaine for individuals with neuropathic pain who have failed treatment with first-line therapy, including antidepressants or anti-epilepsy medications. Review of the available medical record does not reveal documentation of any objective clinical findings consistent with neuropathic pain, nor are there any electrodiagnostic studies to support this request. As such, this request is not medically necessary.

Baclofen 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64 of 127.

Decision rationale: Baclofen is a pre/post-synaptic GABAB receptor blocker recommended 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 associated with trigeminal neuralgia. The available medical record fails to document any signs, symptoms, or diagnosis of multiple sclerosis or of a spinal cord injury and spasticity resulting in his muscle spasms. As such, the guidelines do not support Baclofen for treatment of this patient and this request is not considered medically necessary.