

<b>Case Number:</b>	CM14-0138240		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	03/04/2009
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 shoulder pain reportedly associated with an industrial injury of March 4, 2009. Thus far, the applicant has been treated with the following: Analgesic medications, earlier shoulder arthroscopy in June 2010; unspecified amounts of physical therapy over the course of the claim; and extensive periods of time off of work. In a Utilization Review Report dated August 13, 2014, the claims administrator failed to approve requests for baclofen, Skelaxin, Lidoderm, Naproxen, and Tramadol. The applicant's attorney subsequently appealed. In a progress note dated July 8, 2014, the applicant reported persistent complaints of shoulder pain. The applicant was using Naproxen, Tramadol, and Lidoderm for pain relief. The applicant was using Skelaxin in the morning and baclofen at nighttime for sleep purposes. 140 degrees of shoulder range of motion were noted. The applicant was asked to continue usage of Baclofen on a nightly basis for pain and spasm purposes, Skelaxin once or twice daily as needed for pain, Lidoderm on an as-needed basis, Naproxen on an as-needed basis, and Tramadol on an as-needed basis. The applicant was asked to continue home exercises. Laboratory testing was endorsed. In an earlier note dated February 4, 2014, the applicant stated that she had developed issues with sleep apnea, reportedly nonindustrial. The applicant was using Naproxen, Tramadol, Lidoderm, Baclofen, and Skelaxin on an as-needed, it was suggested. Shoulder abduction and flexion were limited to 140 to 150 degrees. Once again, there was no explicit discussion of medication efficacy on this occasion. In a May 7, 2013 progress note, the attending provider stated that the applicant was deriving appropriate analgesia and improvements in function with usage of various medications, including Naproxen, Tramadol, Zanaflex, and Skelaxin. The applicant reported difficulty functioning without Naproxen and Tramadol, specifically. The applicant was asked to continue her home exercise program.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 20mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 64, 7.

**Decision rationale:** While page 64 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Baclofen is recommended in the treatment of spasticity and muscle spasms associated with multiple sclerosis and spinal cord injuries and can, furthermore, be employed off labeled for neuropathic pain, in this case, however, no rationale for selection and/or ongoing usage of Baclofen was proffered by the attending provider. There was no evidence of any issues associated with spasticity, muscle spasm, multiple sclerosis, etc., evident here, nor is there any evidence that the applicant's pain is neuropathic in nature. Rather, the applicant appears to have localized pain at the shoulder associated with earlier failed shoulder surgery. As further noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, choice of pharmacotherapy must be based on the type of pain to be treated. In this case, the attending provider has not outlined any compelling rationale for selection and/or ongoing usage of Baclofen, antispasmodic, here. Therefore, the request is not medically necessary.

**Metaxalone 800mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone Page(s): 61.

**Decision rationale:** While page 61 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend Metaxalone with caution as a second-line option for short-term pain relief in applicants with chronic low back pain, in this case, however, the attending provider appears intent on using Metaxalone for chronic, long-term, and scheduled use purposes. The applicant is apparently using Skelaxin at least once daily, the attending provider has posited. This is not an MTUS-endorsed role for Metaxalone. Therefore, the request is not medically necessary.

**Lidoderm 5% patch:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does indicate that topical Lidocaine/Lidoderm is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, there is no evidence that the applicant's pain is neuropathic in nature. The applicant's pain appears to be orthopedic in nature, associated with earlier failed shoulder surgery. There was no evidence that the applicant carried any diagnosis of neuropathic pain here, nor is there any evidence that the applicant has tried and failed first-line antidepressants and/or anticonvulsants. Therefore, the request is not medically necessary.

**Naprosyn 500mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22.

**Decision rationale:** As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Naprosyn do represent the traditional first line of treatment for various chronic pain syndromes. In this case, the attending provider has posited, albeit incompletely, that ongoing usage of Naprosyn has generated appropriate analgesia and is, furthermore, ameliorating the applicant's ability to perform home exercises involving the injured shoulder. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

**Tramadol HCL 50mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oral analgesic Page(s): 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and reduced pain achieved as a result of the same. In this case, while the applicant does not appear to be working, the attending provider's progress notes have suggested that the applicant is deriving appropriate analgesia through ongoing Tramadol usage and, furthermore, have also suggested that the applicant's ability to perform activities of daily living, including home exercises involving the injured shoulder, have likewise been ameliorated/facilitated through ongoing usage of the same. Continuing Tramadol, then, on balance, is indicated. Therefore, the request is medically necessary.

