

Case Number:	CM14-0162233		
Date Assigned:	10/08/2014	Date of Injury:	07/09/2012
Decision Date:	12/03/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/02/2014

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 Orthopedic Surgery 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:

41-year-old male claimant reported an industrial injury on 7/9/12. On Primary Treating Physician's Progress Report (PR2) dated 07/22/2014, the patient complained of persistent neck, upper thoracic and left shoulder pain. The patient reported neck and left shoulder pain that radiated to the left upper extremity which was described as constant numbness in the left arm associated with heaviness. The patient had difficulty sleeping on the left side. The medications helped some for the pain. Agreed medical examination (AME) dated 01/29/2014 was reviewed which documented that the patient was recommended for neurosurgery reevaluation for anterior cervical discectomy and fusion of the -6. Continuation of the use of an Hwave unit was also recommended. The patient was recommended for chiropractic modalities, deep-water aerobics and gym membership with a personal trainer to instruct the exercises. AME dated 3/18/2014 demonstrates recommendations of computed tomography (CT) scan of the cervical spine and electromyography (EMG) and nerve conduction studies (NCS) to evaluate the need for surgery. On examination, the patient was grossly protective of the left upper extremity. There was tenderness to palpation over the left anterior shoulder. The left shoulder abduction and forward flexion was about 100 degrees, which was associated with increased pain. Exam note dated 08/06/2014, the patient presented regarding problems of cervical spine disease. The patient reported to fall earlier the day of the visit, striking the right shoulder with discomfort in the area. Diagnosis is made of chronic left shoulder pain, status post rotator cuff repair and biceps tenodesis, left shoulder adhesive capsulitis, lower trunk brachial flexes injury, and status post left shoulder manipulation and arthroscopic debridement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63, 65.

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

Decision rationale: CA MTUS/Chronic Pain Treatment Guidelines, page 61 states that Metaxalone (Skelaxin) states, "Recommended with caution as a second-line option for short-term pain relief in patients with chronic lower back pain (LBP). Metaxalone (marketed by King Pharmaceuticals under the brand name Skelaxin) is a muscle relaxant that is reported to be relatively non-sedating." In this case, there is lack of information in the chart note from 8/6/14 of objective findings to warrant muscle relaxants. Therefore, the determination is for not medically necessary.

Lidoderm patch 5 percent #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

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

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, pages 56 and 57, Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin-norepinephrine reuptake inhibitor (SNRI) anti-depressants or an antiepileptic drug (AED) such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, the exam note from 8/6/14 demonstrates there is no evidence of failure of first line medications such as gabapentin or Lyrica. Therefore, the request is not medically necessary.

Butrans 10mcg patch #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, pages 26-27 recommend use of Buprenorphine as an option in the treatment of opiate addiction.

Buprenorphine is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. A schedule-III controlled substance, buprenorphine is a partial agonist at the mu-receptor (the classic morphine receptor) and an antagonist at the kappa receptor (the receptor that is thought to produce alterations in the perception of pain, including emotional response). In this case, there is lack of evidence in the records of 8/6/14 of opiate addiction to warrant the use of a Butrans patch. Therefore, the request is not medically necessary.