

Case Number:	CM14-0172266		
Date Assigned:	10/23/2014	Date of Injury:	08/22/2002
Decision Date:	11/21/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/17/2014

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 & Rehabilitation 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 injured worker is a 67-year-old female who reported an injury on 08/22/2002. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of cervical spondylosis without myelopathy. Past medical treatment consists of surgery, physical therapy, the use of a TENS unit, and medication therapy. Medications include Cytomel, Synthroid, Baclofen, Nucynta, Voltaren lotion, and Lisinopril. An MRI of the cervical spine showed severe foraminal narrowing on the left side at C4-5, and again showed facet arthropathy above and below levels of the fusion. On 10/06/2014, the injured worker complained of neck pain. Physical examination revealed severe limitation in range of motion of the cervical spine. Severe hypertonic paraspinal musculature appreciated in the cervical region bilaterally. Equivocal Spurling's maneuver, as the injured worker had severe pain and could not properly extend her neck. Noted was mild 4/5 weakness in bilateral grip strengths; giveaway weakness in the upper extremity secondary to pain; reflexes were 2+ and symmetrical in the upper extremities; decreased sensation to light touch and pinprick in the left ulnar distribution; and decreased range of motion of the shoulder secondary to neck pain in flexion and abduction over 90 degrees. Treatment plan is for the injured worker to continue the use of medication therapy. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg, #60: 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 Anti-Spasticity Drugs Page(s): 64.

Decision rationale: The request for Baclofen 10 mg #90 is not medically necessary. According to the MTUS, the mechanism of action of Baclofen is blockade of the pre and synaptic GABA-B receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis, multiple scoliosis, and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia, non FDA approved). Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The request as submitted did not specify the frequency or duration of the medication. There was no assessment regarding functional improvement as a result of the medication. In addition, there was no mention of a lack of side effects. Furthermore, it was not documented in the submitted report whether the medication helped with any functional deficits that the injured worker may have had. It is noted within the guidelines that the efficacy of the medication diminishes over time. It was not specified in the submitted documentation as to how long the injured worker had been on Baclofen. Given the above, the injured worker is not within MTUS recommended guidelines. As such, the request is not medically necessary.

Voltaren gel 5 tubes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs, Lidoderm (Lidocaine Patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel Page(s): 112.

Decision rationale: The request for Voltaren gel is not medically necessary. The California MTUS state that Voltaren gel (diclofenac) is an FDA approved agent indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatments such as the ankle, elbow, foot, hand, knee and wrist. It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32gm per day (8gm per joint per day in the upper extremity and 16gm per joint per day in the lower extremity). There was no documentation or indication in the submitted reports that the injured worker had pain in the ankle, elbow, foot, hand, knee, or wrist. The FDA has not approved the usage of Voltaren gel on backs, hips, or shoulders. Additionally, the request as submitted did not indicate a dosage, frequency, or duration of the medication; nor did it indicate where the Voltaren gel would be used. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.

Lidoderm patches 5% 1 box: Upheld

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

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

Decision rationale: The request for Lidoderm patches is not medically necessary. The California MTUS Guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trail of first line therapy (trial of tricyclic or SNRI antidepressants or and AED such as gabapentin or Lyrica). Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The submitted documentation did not indicate a diagnosis congruent with the above guidelines. Additionally, there was no indication that the injured worker had trialed and failed any first line therapy. Furthermore, the efficacy of the medication was not submitted for review, nor did it indicate that the medication was helping with any functional deficits. The request as submitted did not indicate a dosage, frequency, or a duration of medication. Given the above, the injured worker is not within MTUS recommended guidelines. As such, the request is not medically necessary.