MAXIMUS Federal Services

Case Number:	CM14-0021058		
Date Assigned:	03/07/2014	Date of Injury:	08/23/2012
Decision Date:	06/30/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/14/2014

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 Neurological 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:

The injured worker is a 43-year-old male who was injured on August 23, 2012. The mechanism of injury is described as having been shot" point blank range." On November 11, 2013, the claimant was followed for further evaluation. The examination notes spasm in the left shoulder musculature with diminished shoulder range of motion and feels tenderness along the anterior aspect of the shoulder. The additional clinical documents appear to indicate the claimant has been on muscle relaxant medications. There is no documentation indicating that antiepileptic medications or antidepressants have been attempted in the management of neuropathic pain. Additionally, no neuropathic pain is documented on examination. The claimant does have subjective complaints of intermittent sharp shooting pain. The deficits noted on the utilization review from December 9, 2013 are not addressed in the December 12, 2013 progress note. The utilization review in question was rendered on December 9, 2013. The Claims Administrator noncertified request for Cyclobenzaprine and Topical Lidocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5,G #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSLCE RELAXANTS FOR PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES MUSCLE RELAXANTS Page(s): 63-66.

Decision rationale: The California Medical Treatment Utilization Schedule does not support the chronic use of muscle relaxant medications, and based on the clinical documentation provided the employee appears to be utilizing Cyclobenzaprine chronically. As such, the request for Cyclobenzaprine 7.5 mg # 90 is not medically necessary and appropriate.

LIDODERM FILM 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: The California Medical Treatment Utilization Schedule supports the use of topical lidocaine for neuropathic pain when there has been a failure of first-line medications such as antiepileptic medications or antidepressants. Based on clinical documentation provided, there is no evidence that first-line medications have been tried. As such, the request for Lidoderm Film 5% # 30 is not medically necessary and appropriate.