

<b>Case Number:</b>	CM14-0032927		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/21/2011
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Neurology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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:

11/14/12 Electrodiagnostic report indicates normal study of the right upper limb. 1/10/13 PR-2 reports ongoing pain in the right shoulder and has been taking Vicodin, Neurontin, Lyrica, and Nucynta. Diagnosis is reported as RSD. Examination reported normal sensation, strength and range of motion with no sensitivity or swelling. 2/26/14 evaluation reported right arm pain diagnosed as RSD with numbness and being unable to raise the right arm over the head. Examination reported that she appeared to be in more pain and was holding her hand/arm throughout the exam. There was pain with ROM. Medications were listed as baclofen, Lunesta, Lyrica, and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription of Baclofen 10mg #90:** 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 antispasticity drugs Page(s): 63.

**Decision rationale:** The medical records provided for review do not document a condition of spasticity or spinal cord injury or muscle spasm. There is no documentation of ongoing

improvement in pain or function related to treatment with baclofen. As such, the medical records provided for review do not support baclofen treatment and the request is therefore not medically necessary.

**Prescription of Butrans 10ugm, 1 patch weekly #4: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA, and <http://www.drugs.com/pro/butrans-patch.html>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 75-79.

**Decision rationale:** The medical records support the insured has a chronic pain condition that has not responded to other conservative care both pharmacologic and non-pharmacologic and that previous opioids such as norco and nucynta have not been effective. Other long acting opioid of methadone has not been demonstrated as failed or not tolerated. Concurrent use of butrans with methadone is not supported. The request is not medically necessary and appropriate.

**Psych consult for Spinal Cord Stimulator (SCS) tool: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS) Page(s): 101,107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Spinal Cord Stimulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, IDDS and SCS Page(s): 101.

**Decision rationale:** The medical records provided for review support a diagnosis of RSD that has failed other conservative treatment. SCS trial is a consideration for treatment of this condition and psychological evaluation is supported in consideration of SCS trial. Therefore, the request is medically necessary and appropriate.

**Spinal Cord Stimulator (SCS) trial: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators Page(s): 101,107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines spinal cord stimulators Page(s): 105.

**Decision rationale:** The available medical records support the condition of RSD, which has failed other conservative care including opioids, adjuvant analgesics, physical therapy, and interventions. SCS trial is supported under MTUS guidelines if the insured is cleared by psychological evaluation. The medical records do not indicate that a psychological evaluation has been completed and therefore the request is not medically necessary and appropriate.

**Cervical Spine MRI: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Indications for Imaging--MRI (magnetic resonance imaging).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Special studies and diagnostic and treatment considerations Page(s): 177-178.

**Decision rationale:** MTUS guidelines support medical necessity of MRI of cervical spine to clarify anatomy prior to invasive procedure of SCS as previously supported and therefore the request is medically necessary and appropriate.

**Methadone 5mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Methadone.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 75-79.

**Decision rationale:** The medical records support the insured has a chronic pain condition that has not responded to other conservative care both pharmacologic and non-pharmacologic and that previous opioids such as norco and nucynta have not been effective. As such, a trial of methadone supported to determine response to analgesia. The request is medically necessary and appropriate.