

Case Number:	CM14-0079127		
Date Assigned:	07/18/2014	Date of Injury:	03/21/2003
Decision Date:	08/25/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/29/2014

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 Anesthesiology, 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:

The injured worker is a 45-year-old who reported injury due to cumulative trauma on August 16, 2006. The clinical note dated April 25, 2014 indicated the injured worker reported neck, shoulder, forearm, wrist and migraine pain. On physical examination, the injured worker had trigger points involving her hands, forearms and shoulder. The injured worker had a positive grind test involving her right thumb and wrist. The injured worker received an injection for her right wrist. The injured worker's prior treatments included diagnostic imaging, injections and medication management. The injured worker's medication regimen included Lyrica, gabapentin, Ultram, Dilaudid, Baclofen, Lidoderm gel patch and a TENS (transcutaneous electrical nerve stimulation) unit. The provider submitted a request for Baclofen and Lidoderm gel patch. A Request For Authorization dated May 5, 2014 was submitted for Baclofen and Lidoderm gel patch, however a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg, 120 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 113.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also indicate any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The Chronic Pain Medical Treatment Guidelines states Baclofen is not recommended. There is no peer-reviewed literature to support the use of topical baclofen. It was not indicated if the injured worker had tried and failed antidepressants and anticonvulsants. In addition, Baclofen is not recommended. Moreover, there was lack of documentation of efficacy and functional improvement with the use of this medication. Additionally, there was lack of a pain assessment done on the injured worker. Moreover, the request did not indicate a frequency, therefore the request for Baclofen 10mg, 120 count, is not medically necessary or appropriate.

Lidoderm gel patch 5%, thirty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidoderm Page(s): 112.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI [serotonin-norepinephrine reuptake inhibitor] anti-depressants or an AED [anti-epileptic drugs] 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. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. It was not indicated if the injured worker had tried and failed antidepressants or anticonvulsants. In addition, it was not indicated if the injured worker had tried a first line therapy such as NSAID (non-steroidal anti-inflammatory drugs). Additionally, there was lack of documentation of efficacy and functional improvement with the use of this medication. Moreover, there was lack of a pain assessment done on the injured worker. Furthermore, the request did not indicate a frequency with this medication. Therefore, the request for Lidoderm gel patch 5%, thirty count, is not medically necessary or appropriate.