

Case Number:	CM14-0089999		
Date Assigned:	07/23/2014	Date of Injury:	11/13/2012
Decision Date:	08/28/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/16/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 40 year old male with date of injury 11/13/2012. The mechanism of injury is stated as injury while lifting luggage. The patient has complained of shoulder and elbow pain since the date of injury. He has been treated with physical therapy, steroid injections and medications. There are no radiographic data included for review. The objective findings included tight left levator scapula, rhomboid and trapezius musculature, tenderness to palpation of the bilateral, lateral thoracic paraspinal musculature. The patient's diagnoses included chronic sprain bilateral shoulders, bilateral anterior elbow tenderness to palpation. The treatment plan and request consisted of Baclofen and Dexilant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective use of Baclofen 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment Workers Compensation Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

Decision rationale: This 40 year old male has complained of bilateral shoulder and elbow pain since date of injury 11/13/2012. He has been treated with physical therapy, steroid injections and medications to include Baclofen for at least several months duration. Per the MTUS guidelines cited above, non-sedating muscle relaxants are recommended with caution as a second line option for the short term (2-4 week) treatment of acute exacerbations in patients with chronic lower back pain. The recommended duration of use has been exceeded in this patient. On the basis of the MTUS guidelines, Baclofen is not indicated as medically necessary.

Prospective use of Dexilant 60mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment Workers Compensation Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton pump inhibitors.

Decision rationale: This 40 year old male has complained of bilateral shoulder and elbow pain since date of injury 11/13/2012. He has been treated with physical therapy, steroid injections and medications to include Dexilant since at least several months duration. Per the ODG guidelines cited above, Dexilant is a proton pump inhibitor that should be used only after an appropriate trial of first line agents (Prilosec, Nexium, and Lansoprazole) has been tried and response to treatment has been documented. There is no documentation in the available medical records indicating a trial of a first line proton pump inhibitor. On the basis of the ODG guidelines, Dexilant is not indicated as medically necessary.