

Case Number:	CM14-0209972		
Date Assigned:	12/23/2014	Date of Injury:	09/12/2012
Decision Date:	02/19/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 39-year-old gentleman with a date of injury of 09/21/2012. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 10/22/2014 and 11/19/2014 indicated the worker was experiencing lower back pain that went into the legs with tingling and "gastritis" with the use of medication. Documented examinations consistently described decreased motion in the lower back joints, tenderness in both joints where the back meets the pelvis, and lower back trigger points. The submitted and reviewed documentation concluded the worker was suffering from myofascial pain, neuropathic pain, chronic radicular lower back pain, and lumbar degenerative disk disease. Treatment recommendations included weaning down opioid medication with adjustment to other medications, TENS, a home exercise program, aqua therapy, psychologic therapy, medications injected near the spinal nerves and in the joints where the back meets the pelvis, psychiatric follow up, and other follow up care. A Utilization Review decision was rendered on 11/20/2014 recommending non-certification for 15g of topical lidocaine 4% cream to be used three times daily and sixty tablets of baclofen 10mg to be taken as one tablet twice daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 4 Percent Topical Cream 1 Application TID 15GM: Upheld

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

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

Decision rationale: The MTUS Guidelines recommend topical lidocaine for localized pain after first-line treatment has failed to manage it sufficiently. Only the dermal patch is FDA-approved and recommended by the Guidelines. The submitted and reviewed records indicated the worker was experiencing lower back pain that went into the legs with tingling and "gastritis" with the use of medication. The documentation suggested the worker was also using topical lidocaine patches, which may result in complications. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 15g of topical lidocaine 4% cream to be used three times daily is not medically necessary.

Baclofen 10MG 1 TAB BID #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants; Weaning of Medications Page(s): 63-66; 124.

Decision rationale: Baclofen is in the antispastic muscle relaxant class of medications. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. The Guidelines support the use of baclofen in the treatment of spasticity and muscle spasm related to multiple sclerosis or spinal cord injuries. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed records indicated the worker was experiencing lower back pain that went into the legs with tingling and "gastritis" with the use of medication. There was no suggestion of a recent flare of lower back pain. The worker was treated with muscle relaxants long-term. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for sixty tablets of baclofen 10mg to be taken as one tablet twice daily is not medically necessary. While the Guidelines support the use of a wean when this medication no longer provides sufficient benefit, the risks significantly outweigh the benefits as described in the reviewed documentation, and an individualized wean should be able to be accomplished with the medication available to the worker. The request is not medically necessary.

