

<b>Case Number:</b>	CM15-0107295		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	07/05/1998
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 76 year old male who sustained an industrial injury on 7/5/98. The injured worker was diagnosed as having C5-6 quadriplegia with diminished functional capability secondary to injury, right rotator cuff tear/tendinitis, right bicipital tendinitis and right arm/shoulder dysfunction. Of note, several documents within the submitted medical records are difficult to decipher. Currently, the injured worker was with complaints of bilateral shoulder discomfort. Previous treatments included medication management, occupational therapy, and home exercise program and injection therapy. Previous diagnostic studies included a magnetic resonance imaging and electrodiagnostic studies. Physical examination was notable for decreased range of motion to right shoulder and pain with left shoulder pronation. The plan of care was for medication prescriptions and myofascial therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Mexiletine 150mg #90:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chronic Pain, p207.

**Decision rationale:** The claimant sustained a work-related injury in 1998 and continues to be treated for chronic pain. He has tetraplegia at the mid-cervical level. Although an ASIA score is not provided, he appears to have a complete injury. When seen, a lidocaine infusion had provided significant pain relief. In terms of Mexilitine, the claimant had a positive response to a lidocaine infusion and Mexilitine would be the appropriate oral medication for use on a sustained benefit. It was medically necessary.

**One prescription of Carafate 1gm #90:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Vernon Lin MD PhD (Editor), Spinal Cord Medicine: Second Edition: Principles & Practice. Demos Medical, 2010.

**Decision rationale:** The claimant sustained a work-related injury in 1998 and continues to be treated for chronic pain. He has tetraplegia at the mid-cervical level. Although an ASIA score is not provided, he appears to have a complete injury. When seen, a lidocaine infusion had provided significant pain relief. Carafate is being prescribed as gastrointestinal prophylaxis. In this case, the claimant is over age 65. He has a cervical level spinal cord injury and would be at risk for a gastrointestinal event with diagnosis complicated by his spinal cord injury. Carafate was medically necessary.

**Six sessions of myofascial therapy for the bilateral shoulders:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work-related injury in 1998 and continues to be treated for chronic pain. He has tetraplegia at the mid-cervical level. Although an ASIA score is not provided, he appears to have a complete injury. When seen, a lidocaine infusion had provided significant pain relief. The claimant is being treated for chronic pain. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is consistent with that recommended and what might be anticipated in terms of establishing or revising a home exercise program. The request was medically necessary.