

Case Number:	CM15-0143049		
Date Assigned:	08/03/2015	Date of Injury:	04/10/2000
Decision Date:	08/31/2015	UR Denial Date:	07/03/2015
Priority:	Standard	Application Received:	07/23/2015

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: California

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 60-year-old male, who sustained an industrial injury on 4-10-2000. The date of injury per the medical records is 1-10-2003. Diagnoses include shoulder joint pain, cervical spine strain, lumbago, cervical degenerative disc disease, thoracic degenerative disc disease, lumbar degenerative disc disease, bulging lumbar disc, herniated cervical disc, lumbar facet arthropathy, cervicgia and thoracic pain. Treatment to date has included multiple surgical interventions (bilateral knees), as well as conservative treatment including medications, an intrathecal pain pump, injections, physical therapy, epidural steroid injections (ESI), and diagnostics (magnetic resonance imaging (MRI) of the cervical and thoracic spine and left shoulder). He reports significant relief from cervical ESI received on 6-19-2015. Per the Primary Treating Physician's Progress Report dated 6-25-2015, the injured worker reported mid back pain and increased muscle spasms in his back. He has shooting pains with radiation to the bilateral flanks. He rates his pain level at the time of the examination as 7 out of 10. Current medications include Oxy IR, Colace and Lidoderm patches and decrease his pain level to 4 out of 10 for 4 hours. Physical examination revealed decreased range of motion of the back. There was thoracic spine tenderness to palpation and right lower extremity sensory deficits at the L3-4 dermatomes. The plan of care included updated diagnostics and medication management and authorization was requested for an MRI of the lumbar spine, Baclofen 10mg #60, Lidoderm patch 5% #60 and a retrospective request for pump maintenance and refill of medication with a DOS 6-25-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg qty: 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 64, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

Decision rationale: Regarding the request for baclofen, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested baclofen is not medically necessary.

Lidoderm patch 5% qty: 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Lidoderm, CA MTUS states that topical lidocaine is "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." Within the documentation available for review, there is no indication of localized peripheral neuropathic pain after failure of first-line therapy. Given all of the above, the requested Lidoderm is not medically necessary.