MAXIMUS Federal Services

Case Number:	CM15-0200311		
Date Assigned:	10/15/2015	Date of Injury:	12/29/2011
Decision Date:	12/01/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/13/2015

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: New York, Tennessee
Certification(s)/Specialty: Emergency 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 43-year-old female, who sustained an industrial injury on 12-29-11. The injured worker was diagnosed as having adhesive capsulitis of the shoulder, fibromyositis, chronic pain syndrome, sprain of elbow and forearm, disorder of bursa of the shoulder region, and depressive disorder. Treatment to date has included a functional restoration program, a home exercise program, massage, use of a cane, and medication including Baclofen, Celebrex, Cyclobenzaprine, Lidoderm 5%, Omeprazole, Ranitidine, Tizanidine, Ultracin lotion, and Voltaren gel. On 9-9-15 physical examination findings included hyperalgesia over the back and neck and muscle tightness throughout the neck and upper trapezius. On 9-9-15, the treating physician noted no assistance was required with activities of daily living including bathing, dressing, toileting, and transferring. The injured worker had been taking Baclofen and using Ultracin lotion since at least September 2015. On 9-9-15, the injured worker complained of pain in the right shoulder, neck, and right arm rated as 8-9 of 10. On 9-10-15, the treating physician requested authorization for Baclofen 10mg #60 with 2 refills and Ultracin 0.025%-28%-10% lotion 120ml with 2 refills. On 9-17-15, the requests were denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #60 refills 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Baclofen is a muscle relaxant, recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. Side effects include sedation, dizziness, weakness, hypotension, nausea, respiratory depression, and constipation. In this case, the patient does not have multiple sclerosis or spinal cord injury. There is no documentation of muscle spasticity. Medical necessity is not supported by the documentation in the medical record. The request is not medically necessary.

Ultracin 0.025%, 28%, 10% lotion 120ml refills 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Salicylate topicals, Topical Analgesics. Decision based on Non-MTUS Citation UpToDate: Camphor and menthol: Drug information.

Decision rationale: A topical analgesic containing methylsalicylate, menthol, and capsaicin. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. There is not documentation that this patient has been treated with either of those classes of medications. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Methylsalicylate is a topical salicylate and is recommended, being significantly better than placebo in chronic pain. Menthol is a topical skin product available over the counter and used for the relief of dry itchy skin. Topical analgesics containing menthol, methylsalicylate or capsaicin are generally well-tolerated, but there have been rare reports of severe skin burns requiring treatment or hospitalization. Menthol is not recommended. Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. It is not recommended in this case. This compounded drug is not recommended. It contains two drugs that are not recommended. Therefore, it is not recommended.