

Case Number:	CM15-0200598		
Date Assigned:	10/15/2015	Date of Injury:	03/20/2012
Decision Date:	11/25/2015	UR Denial Date:	10/01/2015
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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 50 year old male, who sustained an industrial injury on 3-20-12. The documentation on 9-23-15 noted that the injured worker has complaints of right shoulder pain. There is tenderness noted in the biceps groove on palpation. The diagnoses have included chronic pain syndrome and pain in joint of upper arm. Treatment to date has included right suprascapular nerve injection with 50 percent relief; xanax; voltaren and right shoulder repair. Right shoulder magnetic resonance imaging (MRI) on 5-8-12 revealed partial thickness tear of the anterior, articular insertion of the supraspinatus tendon superimposed on tendinosis; no complete tear or high grade partial tear is seen; mild acromioclavicular (AC) joint hypertrophic change and subacromial spurring which could predispose the injured worker to impingement symptoms and other osseous structures and tendons appear unremarkable. Skull X-rays on 5-8-12 showed no evidence of orbital metallic body. The original utilization review (10-1-15) non-certified the request for baclofen 10mg #120 and lidoderm 5 percent patches 700mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: This claimant was injured in 2012 and has right shoulder pain. Treatment to date has included right suprascapular nerve injection with 50 percent relief; Xanax; Voltaren and a right shoulder repair. Regarding Baclofen, the MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) In this claimants case, there is no firm documentation of acute injury spasm that might benefit from the relaxant, or that its use is short term. Moreover, given there is no benefit over NSAIDs, it is not clear why over the counter NSAID medicine would not be sufficient. The request was appropriately non-certified under MTUS criteria. The request is not medically necessary.

Lidoderm 5% patches 700mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: As shared, this claimant was injured in 2012 with right shoulder pain. Treatment to date has included right suprascapular nerve injection with 50 percent relief; Xanax; Voltaren and right shoulder repair. Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine may be 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. It is not clear the patient had forms of neuralgia, and that other agents had been first used and exhausted. The MTUS notes that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The request was appropriately non-certified under MTUS. The request is not medically necessary.