

Case Number:	CM14-0111744		
Date Assigned:	09/19/2014	Date of Injury:	01/04/2014
Decision Date:	10/22/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/17/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a male with date of injury 1/4/2014. Per physical medicine and rehabilitation progress note dated 4/3/2014, the injured worker complains of continued pain in his back, worse without TLSO (Thoracolumbar Sacral Orthosis Brace). He also complains of pain over right clavicle fracture site. Pain is better with lidocaine patch. On examination right clavicle has mild tenderness to palpation over displaced fracture site and over upper thoracic musculature (rhomboids). Diagnoses include 1) status post fall from tree at least 15 feet sustaining T7/T8 fracture dislocation with T8 burst fracture 2) status post thoracic decompression and T5-11 posterior fusion on 1/16/2014 3) T5 complete paraplegia with ZPP to T6 4) spasticity 5) status post right clavicle fracture status post ORIF 1/9/2014 6) suspected HO 7) TBI (Traumatic Brain Injury) with right subdural hematoma, non-operative management 8) right ear pain 9) vertigo in the setting of severe right SNHL (Sensorineural Hearing Loss) 10) neuromuscular respiratory weakness after spinal cord injury 11) neurologic orthostatic hypotension 12) posttraumatic nociceptive pain and neuropathic pain 13) adjustment disorder 14) neurogenic bowel 15) neurogenic bladder 16) left thumb pain since fracture during fall.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63. Decision based on Non-MTUS Citation ODG Pain Chapter, Non Sedating Muscle Relaxants

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) section, Weaning of Medications section, Page(s): 63, 64, 124.

Decision rationale: Non-sedating muscle relaxants (for pain) are recommended by the MTUS Guidelines with caution for short periods for treatment of acute exacerbations of chronic low back pain, but not for chronic or extended use. In most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Baclofen is among the muscle relaxant medications with the most limited published evidence in terms of clinical effectiveness. Sedation, dizziness, weakness, hypotension, nausea, respiratory depression and constipation are commonly reported side effects with the use of Baclofen. Baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. This injured worker has spasticity from spinal cord injury. The use of Baclofen is medically necessary; however this request does not provide a number of tablets to be dispensed. The request for Baclofen 20mg is determined to not be medically necessary.

Topical lidocaine 5% patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDs/Lidoderm Page(s): 56-57. Decision based on Non-MTUS Citation ODG Topical Analgesics, Lidoderm

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) section Page(s): 56, 57.

Decision rationale: The MTUS Guidelines recommend the use of topical lidocaine primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. The injured worker has neuropathic pain from spinal cord injury and reports benefit from the use of topical lidocaine. The request does not specify the number of patches to dispense, and therefore medical necessity cannot be determined. The request for Topical lidocaine 5% patch is determined to not be medically necessary.

Melatonin 3mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (<http://www.drugs.com/npp/melatonin.html>)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Melatonin section

Decision rationale: The MTUS Guidelines do not address the use of melatonin. The ODG recommends the use of melatonin. Per the ODG there are experimental and clinical data

supporting an analgesic role of melatonin. In published studies melatonin shows potent analgesic effects in a dose-dependent manner, and melatonin has been shown to have analgesic benefits in patients with chronic pain. Also, the repeated administration of melatonin improves sleep and thereby may reduce anxiety, which leads to lower levels of pain. This request is not accompanied with the number of tablets to be filled; therefore medical necessity cannot be determined. Therefore, the request for Melatonin 3 mg is determined to not be medically necessary.

Tramadol 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81. Decision based on Non-MTUS Citation ODG Pain Chapter, Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam.

Midodrine 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (<http://www.drugs.com/pro/midodrine.html>)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: www.drugs.com

Decision rationale: Midodrine is a vasopressor/antihypotensive agent. It results in a rise in standing, sitting and supine systolic and diastolic blood pressure in patients with orthostatic hypotension of various etiologies. The injured worker has a spinal cord injury with neurologic orthostatic hypotension that could benefit from the use of this medication. The frequency of use and number of tablets prescribed is not specified, and therefore medical necessity cannot be determined. The request for Midodrine 10mg is determined to not be medically necessary.