

Case Number:	CM14-0143188		
Date Assigned:	09/10/2014	Date of Injury:	02/06/1981
Decision Date:	10/24/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/04/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

The injured worker is 54 year old female injured on February 6, 1981. A progress note by orthopedic surgery, dated June 23, 2014, indicate the injured worker is doing better status post left total knee arthroplasty and a left shoulder arthroplasty revision in January 2, 2014. The surgeon notes the spinal cord stimulator is working well. Physical exam of the left shoulder reveals a pseudoparalytic pattern but states the injured worker externally rotates to about neutral, internally rotates to buttocks. Diagnoses include regional sympathetic dystrophy of the left arm. A progress note by the primary treating physician, dated August 21, 2014, is mostly illegible. Legible physician notes on this office visit indicate the injured worker's pain syndrome fluctuates up and down. The injured worker states pain medications are needed for her to eat. The injured worker experiences pain in the left shoulder, left elbow and vaginal/pelvic pain. The injured worker reports difficulty with walking due to pain. Urine toxicology report, dated May 7, 2014, reveal Methadone, Oxycodone, Oxymorphone, and Fentanyl are present. The request for Baclofen 20 milligrams quantity 90, Methadone 10 milligrams, Zyprexa 5 milligrams, and Lidocaine 5 percent were denied in previous utilization review, dated August 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20 mg # 90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants (for pain) Page(s): 63, 64 OF 127.

Decision rationale: Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries and is noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia). The efficacy of Baclofen is stated to diminish over time. When noting that there is no objectification of a spinal cord injury or spasticity related to muscle spasm there is no functional benefit with the use of this medication. According, this request for Baclofen is not medically necessary.

Methadone 10 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63,78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62 OF 127.

Decision rationale: As noted in the California MTUS, this medication is recommended as a second line drug for moderate to severe pain. The utilization of medication is only if the benefit outweighs the risk. It is noted that there is a severe morbidity and mortality associated with the use of this medication. A review of the medical records indicates varying pain responses with the use of medication and no documentation regarding increased ability to function or perform activities of daily living. As such, this request for Methadone is not medically necessary.

Zyprexa 5mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, TREATMENT INDEX, 11TH EDITION (WEB), 2014, MENTAL ILLNESS & STRESS, ATYPICAL ANTIPSYCHOTICS

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Zyprexa, Updated June 12, 2014.

Decision rationale: According to the Official Disability Guidelines, Zyprexa is not recommended as a first line treatment agent and is used to treat symptoms of psychotic conditions such as schizophrenia and bipolar disorder. It additionally states that there is insufficient evidence to recommend atypical antipsychotics for conditions covered in the official disability guidelines. As such, this request for Zyprexa is not medically necessary.

Lidocaine 5%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56 OF 127.

Decision rationale: The California MTUS Guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first line therapy including antidepressants or antiepilepsy medications. Based on the clinical documentation provided, the injured employee has not failed treatment with these first line agents. As such, this request for Lidocaine 5 percent is not medically necessary.