

Case Number:	CM14-0092772		
Date Assigned:	07/25/2014	Date of Injury:	03/29/1989
Decision Date:	09/15/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/19/2014

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:

The injured worker is a female with date of injury 3/29/1999. Per requesting physician's clinical note dated 5/14/2014, the injured worker reports that stimulator does help for leg pain, but not so much for the back. Norco was increased to four a day which helps. She takes the extra before going to sleep, which helps. Butran is helping. She takes less, back pain is worse and she can't walk more than a block. She completed her physical therapy sessions and a home exercise program has been established. Low back pain is reported as the same, and is not radiation, but there is bilateral lower extremity radiation. There are no associated symptoms such as weakness, numbness bladder compromise or bowel compromise. The activities of daily living improved with medication. She reports muscle aches and arthralgia's/joint pain. She reports sleep disturbances, but no depression. On examination she is in no acute distress. Her gait is antalgic with a limp, and she ambulates with a cane. There is tenderness of the paraspinal region at L5 and the iliolumbar region on the right and left. There is pain with active motion of the lumbar spine. There is decreased sensation on the sole of the foot and posterior leg (S1). Seated straight leg raising test is positive on the left. Diagnoses include 1) plantar fascia fibromatosis 2) lumbar post laminectomy syndrome 3) chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month supply for Baclofen 10mg.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for Pain) and Anti-spasticity Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants , Weaning of Medications section Page(s): 63, 66, 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. Sedation, dizziness, weakness hypotension, nausea, respiratory depression, and constipation are common side effects with the use of Baclofen. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility, but in most low back pain cases there is no benefit beyond NSAIDs. Efficacy appears to diminish over time and prolonged use may lead to dependence. Discontinuation of chronically used muscle relaxants should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. Therefore the request for one month supply for Baclofen 10mg is not medically necessary.

One month supply of Lidoderm 5% (700mg/patch) adhesive patches.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine.

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

Decision rationale: Lidoderm is a lidocaine patch providing topical lidocaine. The MTUS Guidelines recommend the use of topical lidocaine primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. There is no clear evidence in the clinical reports that the injured worker has neuropathic pain that has failed treatment with trials of antidepressants and anticonvulsants. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Therefore the request for one month supply of Lidoderm 5% (700mg/patch) adhesive patches is not medically necessary.

One month supply of Flector 1.3% transdermal patch.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Chapter Pain: Flector patch.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs section, Topical Analgesics section Page(s): 67-73, 111-113.

Decision rationale: The Flector Patch is a topical analgesic containing Diclofenac Epolamine. The MTUS Guidelines recommend the use of NSAIDs for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Topical NSAIDs have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. Diclofenac is specifically

supported for knee arthritic pain. The injured worker's pain is not described as pain from osteoarthritis. Therefore the request for one month supply of Flector Transdermal Patch 1.3% is not medically necessary.