

Case Number:	CM14-0216821		
Date Assigned:	01/06/2015	Date of Injury:	06/02/2003
Decision Date:	03/03/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/26/2014

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. 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 Jersey

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

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

This 48 year old male sustained an industrial related injury on 06/03/2002. The results of the injury and initial diagnoses were not provided or discussed. Per the progress report (PR) (11/10/2014), the injured worker's subjective complaints included low back pain with exacerbation of leg symptoms and stomach issues (gastritis). Objective findings on this report included a pain level of 5/10 at its best, and 10/10 at its worst. The injured worker's low back pain was noted to be the same and without increase. Low back pain was described as aching and the injured worker was noted to be in mild distress. Testing included straight leg raises which were positive on the left at 60. Lumbar spine was found to have: anterior flexion of 50 causing pain, extension at 10 causing pain, and bilateral flexion causing pain. There was no pain upon palpation of the lumbar facets, lumbar intervertebral spaces or bilateral sacroiliac joint areas. The trigger points in the paraspinal muscles were positive for a palpable twitch. An antalgic gait was also noted. Deep tendon reflexes were intact, and motor strength was normal. Sensation was intact except for decreased sensation in the L2-3 and L4-5 dermatomes. Treatment to date has included a spinal cord stimulation (SCS) trial (09/08/2014) with noted pain relief, and medications (providing (40-50% pain relief). There was no reported diagnostic testing or imaging of the lumbar spine. Current diagnoses include failed back syndrome (lumbar), radiculopathy (L/S), and fibromyalgia/myositis. The Baclofen and Lidoderm patches were requested for the treatment of low back pain and left leg pain. Treatments in place around the time the Baclofen and Lidoderm patches were requested included oral pain medications. The injured worker reported pain was unchanged since the removal of the SCS trial. Functional

deficits and activities of daily living were also unchanged. Work status was unchanged as the injured worker remained permanent and stationary. Dependency on medical care was unchanged. On 12/02/2014, Utilization Review modified a request for Baclofen 10 mg #90 which was requested on 11/21/2014. The Baclofen 10 mg #90 was modified to Baclofen 10 mg #20 based on the lack of recommended use of this medication for more than a 2-3 week period. The MTUS Chronic Pain and ODG-TWC guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the modification of Baclofen 10 mg #90. On 12/02/2014, Utilization Review non-certified a request for Lidoderm 5% patches #30 which was requested on 11/21/2014. The Lidoderm 5% patches #30 was non-certified based on the lack of functional gains with the use of this medication. The MTUS Chronic Pain guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of Lidoderm 5% patches #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. The worker in this case was using Baclofen chronically leading up to this request for renewal for a few months-worth of medication. There was no evidence to suggest the worker had any flare-up of his pain with any muscle spasm which might have helped justify at least a short course of a muscle relaxant. However, the intention as indicated by the large number of pills appears to be for continued chronic use, which is not recommended for Baclofen. Therefore, the Baclofen is not medically necessary.

Lidoderm 5% patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch), pp. 56-57, and Topical Analgesics, Lidocaine p. 112.

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, although there was some evidence of neuropathic pain and use of first-line agents, there was insufficient documentation to show evidence of Lidoderm increasing the worker's overall function measurably, which is required in order to justify continuation. Therefore, the Lidoderm is not medically necessary.