MAXIMUS Federal Services

Case Number:	CM15-0127307		
Date Assigned:	07/13/2015	Date of Injury:	11/09/2012
Decision Date:	08/11/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	07/01/2015

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: California
Certification(s)/Specialty: Emergency 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 60 year old female, who sustained an industrial injury on November 9, 2012. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having cervical spondylosis, left shoulder impingement syndrome, right shoulder impingement syndrome, acromioclavicular arthritis, depression, cervical facet arthropathy, myofascial pain syndrome, cervical degenerated disc disease, left cervical radiculopathy, rule out left lateral epicondylitis and occipital neuralgia. Treatment to date has included physical therapy and medications. On May 15, 2015, the injured worker complained of left shoulder pain rated a 7 on a 0-10 pain scale. She also complained of significant pain over the cervical area as well as pain on both shoulders along with tightness over the upper thoracic area. She had a functional capacity evaluation done which increased her pain. Her Flector patch and Baclofen were noted to help with the pain. The treatment plan included medications and physical therapy. On June 2, 2015, Utilization Review non-certified the request for Flector Patch 1.3% with one refill and Baclofen 10 mg #30 with one refill, citing California MTUS Guidelines and the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.3% #30 with 1 refill: Upheld

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

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

Decision rationale: As per MTUS Chronic Pain Guidelines topical analgesics such as Flector(Diclofenac epolamine) have poor evidence to support its use but may have some benefit in osteoarthritis related pain. Diclofenac has evidence for its use in joints that lend itself for treatment such as knees, elbows, ankles etc but has no evidence to support its use for the shoulder, spine or hip. It is not recommended for chronic use. Patient has been using this chronically with no noted objective improvement in pain or function. Refills and prescription is not consistent with short-term use. Due to documentation that does not show efficacy chronic use of Flector is not medically necessary.

Baclofen 10mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation ODG, Pain Chapter (Online Version).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-64.

Decision rationale: As per MTUS Chronic pain guidelines, muscle relaxants should be used for short-term use for exacerbation of muscle spasms. Baclofen is only recommended for spasticity related to multiple sclerosis and spinal cord injury. It may occasionally be used off-label for paroxysmal neuropathic pain. Patient does not have a diagnosis that meets criteria for use. Patient also has been on Baclofen chronically. The number of tablets is not consistent with plan for weaning or short-term use. Baclofen is not medically necessary.