MAXIMUS Federal Services

Case Number:	CM15-0128215		
Date Assigned:	07/15/2015	Date of Injury:	10/13/1998
Decision Date:	09/10/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/03/2015

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: Arizona, Michigan
Certification(s)/Specialty: Preventive Medicine, Occupational 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 57-year-old female, with a reported date of injury of 10/13/1998. The mechanism of injury was not indicated in the medical records provided. The injured worker's symptoms at the time of the injury included right arm pain, shoulder pain, and cervical spine pain. The diagnoses include neck pain, cervical spine strain, cervical radiculopathy, right shoulder joint pain, right shoulder sprain, status post arthroscopic surgeries, bilateral carpal tunnel release, and dysthymic disorder. Treatments and evaluation to date have included oral medications, topical pain medication, and a TENS (transcutaneous electrical nerve stimulation) unit. The diagnostic studies to date were not indicated. The progress report dated 06/22/2015 indicates that the injured worker had industrial injury to the right arm, shoulder, and cervical spine. It was noted that the injured worker's pain was unchanged since the last visit. She continued with Baclofen for spasms in the cervical area. Without it, she had severe spasms in the neck radiating into the arms. The injured worker used the Lidoderm patches to the upper back and shoulder on the left and right. She reported that the patches took the edge off her pain when on. The patches helped with her pain and replaced the compound pain cream and provided good relief. With the patches she was able to perform her activities of daily living. It was noted that the injured worker used two Lidoderm patches a day. There was documentation that the Lidoderm patch was used 12 hours on and 12 hours off. The injured worker complained of neck, bilateral shoulder, bilateral arm, and hand pain. On the day of the visit, the injured worker rated her pain 6 out of 10. The objective findings include weakness in the arm and leg. There were no adverse effects or aberrant behaviors noted. The CURES report was reviewed and appropriate.

The last urine drug screen was ordered 02/03/2015 and was positive for opiates. The injured worker was total temporary disabled. The treating physician requested Lidoderm patch with one refill and Baclofen with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch #60 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 56, 57, 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) and Topical Analgesics Page(s): 56-57 and 111-113.

Decision rationale: The CA MTUS Chronic Pain Guidelines recommends Lidoderm only for localized peripheral neuropathic pain after trials of tricyclic or SNRI (serotonin- norepinephrine reuptake inhibitor) anti-depressants or an anti-epileptic drug such as Gabapentin or Lyrica. There was documentation that the injured worker had tried and failed amitriptyline and Nortriptyline (tricyclic antidepressants). Lidoderm is the brand name for a lidocaine patch. The guidelines state that topical lidocaine, only in the form of the Lidoderm patch, is indicated for neuropathic pain. The injured worker has a diagnosis of cervical radiculopathy, and the Lidoderm patch was applied to the upper back and bilateral shoulders. Therefore, the request for Lidoderm patch is medically necessary.

Baclofen 10mg #60 with 1 refill: Overturned

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

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

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that Baclofen is "recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries." Some of its side effects include sedation, dizziness, and weakness. Baclofen is a muscle relaxant. The guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The injured worker had tried and failed Soma and Flexeril (muscle relaxants). There was documentation that the injured worker used Baclofen to treat spasms in her neck with documentation of improvement in neck spasms with its use, therefore based on the injured workers clinical response to treatment the request for Baclofen 10mg #60 with 1 refill is medically necessary.