

Case Number:	CM15-0172652		
Date Assigned:	09/14/2015	Date of Injury:	08/01/2014
Decision Date:	10/14/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 34 year old man sustained an industrial injury on 6-1-2014. The mechanism of injury is not detailed. Evaluations include undated bilateral shoulder MRIs. Diagnoses include bursae tendon disorder of the shoulder and thoracic sprain-strain. Treatment has included oral and topical medications, physical therapy, TENS unit, Kinesiotape, shoulder injections, and chiropractic care. Physician notes on a PR-2 dated 5-26-2015 show complaints of chronic neck and bilateral shoulder pain rated 6-7 out of 10. The worker has noted a pin rating of 4-5 out of 10 post shoulder injections. The physical examinations shows decreased range of motion to the shoulder, cervical spine tenderness to palpation, sensation decreased to the left pointer finger, diminished and symmetrical reflexes, and pain produced by Spurling's maneuver. Recommendations include acupuncture, decrease Baclofen, Relafen, Lidoderm patches, Tylenol #4, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #120 with 2 refills per 8/17/2015 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The claimant sustained repetitive motion work injury while working as of poker dealer with date of injury in August 2014. He continues to be treated for chronic neck and bilateral shoulder girdle pain. Treatments have included physical therapy, acupuncture, chiropractic care, and medications. In April 2015 bilateral subacromial injections were performed with improvement, but only for a limited time. In June 2015 he was taking Baclofen more than times per day. When seen, there had been improvement after three acupuncture sessions. He was continuing to use TENS. Physical examination findings included lower cervical and bilateral shoulder tenderness with trigger points. There was decreased and painful cervical spine range of motion and decreased and painful shoulder range of motion with normal strength. He was released to unrestricted work. Baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries and is used off-label in the treatment of trigeminal neuralgia. A non-sedating muscle relaxant is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no identified new injury or acute exacerbation and Baclofen has been prescribed on a long-term basis. The claimant does not have spasticity due to an upper motor neuron condition. The request was not medically necessary.

Relafen 750mg #60 with 2 refills per 8/17/2015 order: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant sustained repetitive motion work injury while working as of poker dealer with date of injury in August 2014. He continues to be treated for chronic neck and bilateral shoulder girdle pain. Treatments have included physical therapy, acupuncture, chiropractic care, and medications. In April 2015 bilateral subacromial injections were performed with improvement, but only for a limited time. In June 2015 he was taking Baclofen more than times per day. When seen, there had been improvement after three acupuncture sessions. He was continuing to use TENS. Physical examination findings included lower cervical and bilateral shoulder tenderness with trigger points. There was decreased and painful cervical spine range of motion and decreased and painful shoulder range of motion with normal strength. He was released to unrestricted work. Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Guidelines recommend a maximum dose of Relafen (nabumetone) of 2000 mg/day. In this case, the requested dosing is within guideline recommendations and medications appear to be effective. The request was medically necessary.

Lidocaine 5% (700mg/patch) #30 with 2 refills per 08/17/2015 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: The claimant sustained repetitive motion work injury while working as of poker dealer with date of injury in August 2014. He continues to be treated for chronic neck and bilateral shoulder girdle pain. Treatments have included physical therapy, acupuncture, chiropractic care, and medications. In April 2015 bilateral subacromial injections were performed with improvement, but only for a limited time. In June 2015 he was taking Baclofen more than times per day. When seen, there had been improvement after three acupuncture sessions. He was continuing to use TENS. Physical examination findings included lower cervical and bilateral shoulder tenderness with trigger points. There was decreased and painful cervical spine range of motion and decreased and painful shoulder range of motion with normal strength. He was released to unrestricted work. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy with a tricyclic or SNRI anti-depressant or an antiepilepsy drug such as gabapentin or Lyrica. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, there are other topical treatments that could be considered. Lidoderm was not medically necessary.