

Case Number:	CM15-0066050		
Date Assigned:	04/13/2015	Date of Injury:	09/18/2014
Decision Date:	05/20/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/07/2015

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: Physical Medicine & Rehabilitation

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 46 year old male, who sustained an industrial injury on September 18, 2014. He reported injuries to his right forearm, elbow and shoulder, neck, low back and left knee. Treatment to date has included physical therapy, imaging of the cervical spine, pain management consultation, medications. Currently, the injured worker complains of neck pain, bilateral shoulder pain, low back pain and left knee pain. He reports that his neck pain radiates into his shoulders, arms, hand, fingers and head and is associated with numbness and tingling of the hands and fingers as well as weakness of the upper extremities and hands. His bilateral shoulder pain is associated with swelling, numbness, tingling and burning sensations. His left knee pain is intermittent in nature and increases with walking, standing, flexing and extending the knee. Diagnoses associated with the request include neck pain, cervical spine disc protrusion and cervicogenic headache. His treatment plan includes cervical epidural steroid injection, motorized cold therapy unit post injection, MRI of the cervical spine and baclofen 20 mg for muscle relaxation and to assist with sleep

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Motorized cold therapy unit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Shoulder Chapter, Continuous-flow cryotherapy.

Decision rationale: Based on the 02/09/15 progress report provided by treating physician, the patient presents with pain to the right forearm, elbow and shoulder, neck, low back and left knee. The request is for 1 motorized cold therapy unit. RFA not provided. Patient's diagnosis on 02/09/15 included neck pain with left sided radicular symptoms, cervical spine disc protrusion at the level of C3-C4, and cervicogenic headache on the left side. Treatment to date has included physical therapy, imaging of the cervical spine, cervical epidural steroid injection, pain management consultation, and medications. Patient medications include Vicodin, Soma, Norco, and Zantac. The patient is not working, per 02/09/15 treater report. ODG-TWC, Shoulder Chapter under Continuous-flow cryotherapy states: "Recommended as an option after surgery but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic use. However, the effectiveness on more frequently treated acute injuries has not been fully evaluated." Per 02/09/15 progress report, treater requests "Motorized Cold Therapy Unit for purchase only," "to be utilized post injection." ODG Guidelines do support this type of device for shoulder postoperative recovery for 7 days. Motorized cold therapy unit is not indicated for cervical epidural injections; and ODG does not recommend continuous-flow cryotherapy for nonsurgical treatment. While ODG guidelines support at-home application of cold/heat, if treater's intent was for home use of this device, it would still not be indicated, either, as the use of an ice bag would suffice. Therefore, the request is not medically necessary.

Baclofen 20mg: Upheld

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

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

Decision rationale: Based on the 02/09/15 progress report provided by treating physician, the patient presents with pain to the right forearm, elbow and shoulder, neck, low back and left knee. The request is for Baclofen 20mg. RFA not provided. Patient's diagnosis on 02/09/15 included neck pain with left sided radicular symptoms, cervical spine disc protrusion at the level of C3-C4, and cervicogenic headache on the left side. Treatment to date has included physical therapy, imaging of the cervical spine, cervical epidural steroid injection, pain management consultation, and medications. Patient medications include Vicodin, Soma, Norco, and Zantac. The patient is not working, per 02/09/15 treater report. Regarding muscle relaxants for pain, MTUS Guidelines page 63 states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP.

Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include Chlorzoxazone, Methocarbamol, Dantrolene and Baclofen." Per 02/09/15 progress report, treater requests to start Baclofen "for muscles relaxation and help with sleep at night secondary to the neck pain." Given patient's condition, short-term use of this medication would appear to be indicated. However, patient is already on Soma and there is no rationale for the need of another muscle relaxant. Furthermore, treater has not provided quantity of Baclofen in the request, nor is there mention of intended duration of use. Based on guidelines, the requested medication is listed as one with the least published evidence of clinical effectiveness and is recommended for short-term use only. Given lack of documentation, the request is not medically necessary.